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SOUTHERN CALIFORNIA PRACTITIONER.

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NO. 1

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ORIGINAL.

THE OPERATIVE TREATMENT OF HERNIA WITH REPORT OF CASES.*

BY W. W. BECKETT, M. D., LOS ANGELES, CAL.

Of the twenty-five operations here reported for the radical cure for hernia twelve were for inguinal, ten for femoral, two for umbilical and one for ventral hernia. Nine cases were strangulated and two irreducible. In two resection of the intestine was made and Murphy button used. The youngest case was eleven weeks and the oldest seventy-five years old. Eight were under twelve years. Twelve were male and thirteen female. One case relapsed two months after operation, but was not large, and was easily controlled by a well fitted truss. Chromicized catgut was used in six cases. In other cases plain catgut was used for buried sutures and silkworm gut for closing the wound. Primary union took place in fifteen cases, in ten cases superficial

suppuration occurred. In no case was there prolonged suppuration. Suppuration by producing weak scar tissue in place of normal union, is a prolific cause of failure in operations for the cure of hernia. Since the instruments, suture material and dressing can be thoroughly sterilized, the skin of the patient or the hands of the operator is usually responsible for the infection. The patient should be given a full bath on the day preceding the operation. The seat of operation should be carefully shaved and a thorough local scrubbing given with green soap, and a green soap poultice applied for from three to four hours. This is taken off and a moist bi-chloride dressing (1:3000) applied and allowed to remain until the patient is etherized. A final scrubbing

*Presented to the Southern California Medical Society, Pasadena, Dec. 7, 1899.

is given on the operating table with green soap, bi-chloride alcohol and ether. This preparation should be very carefully carried out, but care should be taken not to irritate the skin. A piece of gauze is preferable to a stiff brush. If the skin is very oily the addition of turpentine will be of benefit. For my hands I have used green soap and bi-chloride (1:1000). The instruments are always thoroughly boiled. The incision through the skin and superficial tissues should be of sufficient length to freely expose the canal. Avoid separating the tissues into layers, the formation of pockets and the injurious traction of the tissues with instruments. Very much depends on the suture material used. Sterile chromicized catgut or plain sterile catgut for the buried sutures and silkworm gut for the superficial wound I am sure will give the best satisfaction. Non-absorbable buried sutures will in many cases cause suppuration. Mattress sutures are apt to strangulate or cut the tissues. Great care should be taken to avoid tension in tying the sutures. I believe I have caused suppuration of wounds in many cases in this way. If the wound can be closed without leaving dead spaces, it is best to do so, otherwise drain. Dress with sterilized gauze and a firm bandage. The patient should be kept in bed for from three to four weeks. A bandage with light compress may be worn for a month or two.

The following thirteen cases will illustrate:

OPERATIVE METHODS ADOPTED.

Case I. Harry G., age nine years, inguinal hernia. Operation March 2nd, 1892. Canal opened by free incision, the sac isolated and transfixed so as to form a pad. This was fastened at the opening of the internal ring by passing the suture through the abdominal muscle forming the inner portion of the canal. The canal was closed by chromicized catgut so as to unite the posterior wall of the canal with Poupart's

ligament after Macewen's method. Primary union. No relapse.

Case II. Earl W., age ten years, inguinal hernia. Operation Aug. 2nd, 1894. The same method was followed in this case as in case I. Silkworm gut was used to close the wound. Union was by first intention. No relapse occurred.

Case III. Miss H. L., age twenty-eight years. Large left inguinal hernia. Date of operation, Nov. 26th, 1895. The sac was freed high up beyond the internal ring, transfixed, tied and excised; the canal was closed after Macewen's method. Union without suppuration. Catgut was used for the buried sutures and silkworm gut through the skin. The patient has been constantly engaged in house-work with no relapse.

Case IV. John Y., age seventy-two years, large left inguinal irreducible hernia of over twenty-five years standing. Became strangulated March 21st, 1897, operation March 23rd at one p. m. The canal was freely opened and a mass of omentum sufficient to fill a quart jar was removed. The sac was freed, ligated high up and excised; the wound closed with silkworm gut sutures. The patient's temperature at the time of operation was 102.2 degrees F. and pulse 120. He was suffering with a severe bronchitis, his heart was fatty and he had chronic nephritis. Notwithstanding all this he made a splendid recovery, the wound healing with but slight suppuration. About two months later there was a slight relapse which was easily controlled by a well fitted truss. The patient died one year later of apoplexy.

Case V. Carl S., age seven years. Inguinal hernia; operation May 21st, 1897. The incision was made over the center of the tumor and parallel to Poupart's ligament, the sac and cord isolated en masse and the sac then separated from the cord and vessels. The sac was opened, ligated high up and excised. The transversalis and internal muscles

and Poupart's ligament were brought together by three or four catgut sutures beneath the cord, the fascia closed over the cord with interrupted sutures and the superficial wound closed with silk-worm gut sutures after Bassini's method. The wound healed by primary union. No relapse.

Case VI. Helen R., age eleven weeks. The child had been delicate since birth, bottle-fed, had suffered with indigestion and constipation; cried a great deal. When about two months old an inguinal hernia appeared. This became strangulated Dec. 19th, 1897. The next day as it was impossible to reduce the hernia by taxis, I opened the canal. The sac contained an enlarged ovary and the fallopian tube which I removed. The wound was closed after Macewen's method. Healing was by primary union. No relapse has occurred.

Case VII. Ed. B., age nineteen years. Inguinal hernia with undescended testicle. Operation Jan. 1st, 1898. Testicle and sac removed and canal closed after Bassini's method. A stitch-hole abscess occurred on the fourth day and suppuration continued for three weeks. Good firm union took place and there has been no relapse.

Case VIII. Clarence K., age eleven years. Inguinal hernia, operation Sept. 5th, 1898; Macewen's method; stitch-hole abscess; wound healed in three weeks. No relapse.

Case IX. Roy C., age twenty-four years. Inguinal hernia and hydrocele of cord. Operation, June 12th, 1898, Bassini's method. Slight suppuration. No relapse.

Case X. Mr. W. H., age twenty-six years. Double inguinal hernia. Operation Dec. 4th, 1898. In this case Halsted's method was followed. The edges of the aponeurosis of the external oblique muscle were brought together beneath the transplanted cord, the skin and superficial tissues covering it. Suppuration occurred but a good union resulted.

Case XI. Mr. D. N. K., age seventy-five years. Right inguinal hernia with undescended testicle. Hernia had existed since the age of fourteen years. While getting out of the bath-tub on the morning of July 5th, 1899, the hernia became strangulated. It was not possible to reduce the hernia by taxis. Operation six hours after strangulation. On opening the sac I found it contained the testicle, a hydrocele, a loop of the intestine and a mass of the omentum. The testicle and hydrocele were removed; the omentum and loop of intestine returned and the canal closed. The wound united by primary union.

Case XII. Mrs. F., age sixty-eight years. Operation June 4th, 1899. Large right inguinal hernia, had been strangulated for forty-eight hours. Sac contained a loop of gangrenous intestine. Resected eleven inches and made an end-to-end anastomosis by means of a Murphy button. The patient, a large fleshy person, with fatty heart, died twenty-four hours later of heart failure due to shock.

FEMORAL HERNIA.

While much has been written on the subject of inguinal hernia and many operations devised for the radical cure of the same, but little attention was given to the operative treatment of femoral hernia until about 1890. Since then surgeons have devoted much attention to the radical cure of this variety of hernia. Socin, who was among the first to operate for the radical cure of femoral hernia, isolates the sac, draws it strongly outward, ligates and resects and clears the canal of fat and debris. Macewen folds the sac into a pad and stitches it against the opening of the femoral canal. Mollin folds the sac into a pad and places it just above the ring.

Coley and the majority of operators ligate the sac high up and return the stump to the abdominal cavity. Fowler cuts away the sac entirely and brings together the edges of the peri-

toeum in order to do away with the little dimple that presents at the femoral ring. Phelps passes a purse-string suture around the neck of the sac inverts the sac and tightens the suture. Bassini lays great stress upon the restoration of the normal anatomical relations of the parts. The sac is freed as high as possible. With a curved needle three sutures are so placed as to unite Poupart's ligament with the pectineal fascia the first near the spine of the pubis, the second one-half a centimeter externally and the third, one centimeter from the femoral vein. These sutures are left untied until three or four others have been passed, the first through the edges of the falciform fascia, then the pectineal fascia, the lower suture entering just above the saphenous vein. The upper sutures which draw Poupart's ligament backward to the pectineal line are then tied, the other sutures which bring together the anterior and posterior walls of the canal are next fastened and lastly the skin incision is closed without drainage. Cushing and Marcy close the canal with a purse string suture which accomplishes the same purpose, that of bringing the floor of the canal up against the roof and obliterating the opening. I have operated upon two cases by this method. Silver of New York suggests opening the neck of the sac above Poupart's ligament return the contents of the sac after carefully inspecting the same, make a pad of the sac and suture it against the abdominal aspect of the femoral ring after closing the internal opening of the femoral canal. This seems to me to be a very practical method.

I have had no experience with the method by which an attempt is made to close the canal by means of a flap that will act as a plug.

The following ten cases have been operated upon since 1893 and not sufficient time has elapsed to determine the permanency of the cure.

Case I. Mrs. O., age sixty years. Strangulated femoral hernia lasting two days. Operation, Sept. 3d 1894. Bassini's method of restoring the canal to its normal relations was followed. Healed by primary union. Catgut used for the buried tissues and silkworm gut for closing the wound. No relapse.

Case II. Grace R. age seven years. Femoral hernia, could not be controlled with a truss. Operated Apr. 4th, 1895. Bassini's method. Catgut used, primary union. No relapse.

Case III. Mr. J. L. D., age twenty-seven years. Strangulated femoral hernia. Operated June 2nd, 1895. The strangulation had existed for two days. The sac contained a gangrenous loop of the intestine. Six inches of which was resected and an end-to-end approximation was made by means of a Murphy button. The mesentery was closed with mattress sutures. The intestine was returned and the wound drained with iodoform gauze. The patient suffered no shock. The temperature did not rise above 100 degrees F. The bowels moved within forty-eight hours and were kept open daily with small doses of salts. Liquid diet was given. The gauze packing was removed the sixth day. The button passed on the 21st day. The external wound healed splendidly leaving a small cicatrix. The convalescence was rapid. There has been no relapse.

Case IV. Mrs. B., aged sixty-six years. Strangulated femoral hernia. Operation, Jan. 25th, 1896. The usual incision was made, the sac freed. The sac was opened and a loop of the intestine was returned. The wound was closed after Bassini's method. Primary union took place. There has been no relapse.

Case V. Mrs. Z., aged fifty-nine years. Small strangulated hernia, femoral. Operation May 12th, 1897. Closed after Bassini's method. Catgut used for deep and silkworm gut for external

sutures. Patient recovered with slight suppuration. No relapse.

CASE VI. Eva M., aged twelve years. Femoral hernia; operation May 2nd, 1898. Incision parallel to Poupart's ligament. Sac was dissected free from canal and ligated as high up as possible. With curved needle and chromicized catgut Poupart's ligament was united with the pectineal fascia. The wound was then closed with silkworm sutures. No relapse.

CASE VII. Mrs. I. J. H., aged thirty-six years. Femoral hernia. Operation, May 8th, 1899. Incision over center of tumor. Sac dissected free from canal and ligated high up. The pectineal fascia and Poupart's ligament were united with catgut. Over this another layer of buried catgut sutures was placed and the wound closed with silkworm gut sutures. Slight suppuration took place. Wound healed in three weeks. No relapse.

CASE VIII. Mrs. J. P. A., aged fifty-eight years. Strangulated femoral hernia. Operation June 12, 1899. Strangulation had existed for thirty-six hours. Sac contained a loop of the small intestine. The intestine was returned and the sac ligated high up. The wound was closed after Bassini's method. Healed by primary union.

CASE IX.—Mrs. A. P., aged thirty-one years. Femoral hernia. Operation, Sept. 19, 1899. Incision over tumor. Sac freed and ligated high up. Canal closed with purse string suture after Marcy's method. External sutures of silkworm gut. Slight suppuration. No relapse.

CASE X. —Mrs. P. aged thirty-one years. Irreducible femoral hernia. Operation Oct., 13, 1899. Incision in line with Poupart's ligament. Sac contained omentum which was ligated and removed. Sac ligated high up. Canal closed with purse string suture of catgut. External part closed with silkworm gut. Primary union. No relapse.

UMBILICAL HERNIA.

There seems to be no definite rules as to how far radical cure methods should be applied to reducible umbilical hernia. No surgeon has operated upon a very large number of cases, and it is difficult to determine the result. The period of reducibility is the time the operation should be performed if at all. The patient is younger, there are no large masses of omentum and fewer adhesions to separate. Thus far the relapses following this operation are far greater than for inguinal or femoral hernia.

Gersuny resects the skin and sac and sutures the cut edges of the peritoneum. The sheaths of the recti muscles are cut away until the muscular fibers are plainly visible. The edges of the recti are then brought together and sutured. The superficial wound is packed with gauze for a few days and the sutures placed at the time of operation are then tied. Chede uses only silver wire placed in two rows, the one passing through all the layers of the abdominal wall and the other, buried, including only the recti muscles and peritoneum. Edebohls splits back a flap on each side of the opening and brings the surfaces together by means of silkworm gut sutures in such a manner that the surfaces are opposed without puckering. The suture is buried in the part and allowed to remain for an indefinite period. He believes the success is due to the permanent buried suture supporting the parts. In the two cases here reported I followed the method adopted by the late Dr. Francis L. Haynes.

CASE I. Mrs. E. M., aged fifty-six years. Irreducible umbilical hernia of twenty years standing. Operation Jan. 29th, 1898. By an elliptical incision the umbilicus and the superficial portion of the skin and sac were removed. Extensive adhesions were separated and large masses of omentum were ligated and removed. The peritoneum was closed by

a continuous catgut suture. Interrupted silkworm gut sutures were then passed through all the tissues down to the peritoneum but were not tied until after the edges of the fascia were brought together with interrupted chromicized catgut sutures. Primary union took place and as yet no relapse has occurred.

Case II. Harry M., aged nine years. Umbilical hernia. Operation Dec. 29th, 1898. Skin and sac was resected. Adhesions freed. Peritoneum closed by continuous catgut sutures, interrupted silkworm gut sutures including muscles, fascia and superficial tissues tied after aponeurosis had been sutured with interrupted chromicized catgut. Primary union except a small stitch-hole abscess at lower angle of wound. No relapse.

VENTRAL HERNIA.

Upon primary union depends chiefly the success of this operation as in operations for the radical cure of all other forms of hernia. The operation has been frequently performed by removing the cicatricial tissue and uniting the layers of the abdominal wall with sutures of various materials. To cure this condition it is necessary to bring together and keep in contact the thick and non-yielding parietes. To do this Greig Smith says it is not necessary to enter the abdominal cavity. The areolar tis-

sue between the skin and peritoneum is entered by an incision along the chief diameter of the hernia. The tissues are separated down to the margins of the wound; any superfluity of skin is removed but quite large flaps may be left. The peritoneal sac is turned in towards the abdomen. If very redundant it is gathered together with a purse-string suture through the areolar tissue when it will form a useful pad between the incision and the intestines; all cicatricial tissue is cut away so as to lay bare the muscle. The incision is closed by mass sutures, passing well back through the skin including the fascia, muscle and subperitoneal areolar tissue. The following case was operated upon March 22nd, 1897.

Case I. R. D. S., aged forty-six years, ventral hernia with fecal fistula following operation for appendicitis. Operation March 22nd, 1897. Scar tissue removed. Intestinal adhesions separated. The edges of opening into bowel freshened and turned in by Lembert sutures. Peritoneum closed by continuous catgut sutures. Silkworm gut including all the tissues down to peritoneum tied after bringing together the edges of the fascia by interrupted chromicized catgut sutures. The wound healed with slight suppuratation.

REPORT OF A CASE OF ACUTE OSTEOMYELITIS OF THE TIBIA-- TREATMENT AND FINAL RESULT.*

BY A. S. PARKER, M. D., RIVERSIDE, CAL.

In presenting the report of this case I do so because of its gravity in the beginning and the final good result; also because of the amount of work I have been compelled to give toward it, it is very firmly impressed upon my mind.

G. V., boy, aged 13 years, afternoon of March 25th came to office with mother; complained of severe pain in lower part of left leg; could not bear his

weight upon it; temperature normal; mother said he had light chill and some fever the night before; pressure up and down tibia elicited soreness and some pain, most pronounced on or about two or three inches above internal maleolus; movement of ankle joint did not markedly increase pain; a very small area of redness could be seen over this region. About ten days before remembered be-

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ing hit on ankle with a ball at school; he did not pay much attention to it. About three days later began to feel a little pain in leg which gradually increased in severity, but kept going to school up to two days before coming to see me. His family history was good, and his past health had been good.

Not being positive in regard to diagnosis, I prescribed a liniment, told mother to keep him in bed and report next day.

The following morning they sent for me to come and see the boy. I found him with a temperature of 105, he having had a severe chill in the night and high fever since; was now suffering intense pain. This day and the next temperature persisted at from 103 1-2 to 105, and the pain keeping very severe, I resorted to the use of a few small doses of acetanilid and opium to reduce the temperature and ease the pain. This seemed absolutely essential because of his intense suffering.

During the afternoon of the 27th he went into collapse, pulse becoming thready; every evidence of very severe depression from toxic infection from some source. There was now more redness and a very little swelling over the painful area.

I made diagnosis of acute osteomyelitis of tibia, and told parents that his only chance was an operation on the morrow if we could get him through the night. I prescribed full doses of carbonate of ammonia and brandy for the night.

Next day performed operation: Made short cut down to the internal surface of tibia, and drilled small hole into medullary canal about two inches above internal maleolus; pus flowed out freely. Then lengthened fresh cut from maleolus about five inches up; pus then welled up in one or two places from between periosteum and bone; then with drill, chisel, and hammer I removed a strip of bone about 3 1-2 or 4 inches in length from internal surface

of tibia and scraped out contents of medullary canal for this length, it being saturated with pus; irrigated freely with bi-chloride solution and injected pyrozone in every direction from which pus came; packed with iodoform gauze and dressed.

He rallied well from the operation. The temperature next day, 8 a. m., 102 1-2; 5 p. m., 98 3-5; took nourishment fairly well, it being peptonized milk and beef juice principally. Following day, temperature 8 a. m., 100 1-5 5 p. m., 104. Changed dressing—little pus discharged. Complained of pain in other leg and also in chest; respirations 40.

For four days from this time temperature ranged from 102 to 105; pain in right leg became severe, and there was noticeable a slight puffiness and redness exactly over external maleolus. He was again anaesthetized, and I cut down on the place and evacuated a collection of pus, it being between the periosteum and bone. Medication during this time has been two teaspoonfuls of brandy every three hours and strychnia 1-60 together with tincture of digitalis five drops every six hours.

Temperature next day, 101 in morning and 102 in evening. From this time on until May 3rd, temperature normal up to 103, varying a great deal from day to day. I now discontinued use of stimulants.

During the last week in April I evacuated quite a large abscess situated over right shoulder. It healed promptly.

For about three or four weeks after first operation, I irrigated wound every day with a permanganate solution, there being a continual very profuse formation of foul pus, then time between dressings was gradually lengthened. The boy's health steadily improved, and just as soon as I thought it safe, I had him spend a good part of the time out of doors on a wheel chair.

But on July 9th, it being apparent that a considerable piece of bone had become necrosed, I did a sequestrotomy, and removed a complete section of the tibia 2 1-2 inches long together with several smaller pieces of bone; and to my surprise, the involucrum was of such thickness and strength, that it still looked like a pretty fair leg. I dressed it on perforated zinc splint;

picture of health; walks and runs around almost as actively as he ever did. There is a slight restriction of motion in the ankle joint, which I think he will gradually overcome, also remaining a couple of sinuses about middle of tibia which still discharge a very little.

In a case of acute osteomyelitis, such as the one with which I have had to deal the only treatment that can prove of



PHOTO SHOWING PRESENT CONDITION OF THE CASE.

packed the cavity with iodoform gauze and it gradually filled up by granulation.

Since then I have removed slivers of bone of different sizes from time to time higher up on the tibia.

It has now been a little more than eight months that I have worked on this boy, but he is at present a good

any avail must be radical. The bone must be cut down upon, drilled or trephined and free exit given to the pent-up products of inflammation, and the quicker this is done the better. Delay only adds fuel to the flame. The pus once formed between the periosteum and the bone, continually spreads and separates more of the periosteum from

the bone, thereby cutting off its nutrition, and necrosis is the inevitable result.

If there is anything about this case wherein I was at fault, it was that I did not operate sooner. I first saw the boy Saturday afternoon, and operated Tuesday. No doubt in my mind now but that it would have been better to have

operated sooner, but I found it difficult at the time to make up my mind as to the real gravity of the situation; and, too, it is a great deal easier to look back and think what might have been done than it is at the present time to promptly come to a conclusion as to a diagnosis and at once act accordingly.

OBSTRUCTION OF THE NASAL DUCT.*

BY GEO. J. LUND, M. D. LOS ANGELES, CAL.

Diseases of the various orifices of the body have always demanded much attention from the profession and in recent years a class of practitioners has arisen who essay to treat all diseases that flesh is heir to through the medium of the inlets and the outlets of the body.

Probably the smallest orifice and canal with which we have to deal surgically is that which is provided for drainage of the tears. This tube having a lining of mucus membrane and opening at each end onto a mucus tract is subject to the same inflammations that these suffer from and owing to its small lumen it is very apt to become stopped up.

Stricture of the nasal duct often tries the patience and skill of the ophthalmologist to the extreme limit and the patients too often become weary of the treatment.

Of the various means of securing and maintaining its patency they are very much the same as those used to overcome stricture in that very important passage the male urethra.

Referring briefly to the anatomy of the part in question we see that we have to deal with a tube having three divisions, the lacrymal canals, lacrymal sac and nasal duct. The lacrymal canals begin at the puncta lacrymalis near the inner termini of the lid borders and run along five or six millimetres to the lac-

rymal sac. These are almost like capillary tubes being only about one-tenth millimetre in diameter in their narrowest portion.

The sac measures about six or seven millimetres across by twelve millimetres in length. At the lower end of the sac there is a well marked contraction and the succeeding portion of the tube varying from 12 to 20 millimetres long is called the nasal duct. This duct passes through a bony canal and terminates below the inferior turbinate bone. Anatomists commonly give the greatest diameter of the tube as four millimetres.

At the junction of the sac with the nasal duct there quite often exists folds of mucus membrane which some have thought were valves, but these are not constant.

The outlet into the inferior meatus is of a nature to impede regurgitation. The point where the sac emerges into the canal being the narrowest point of the channel renders it particularly liable to the formation of pathological contractions. Stricture of the nasal duct develops as a rule in consequence of affections of the nasal cavity. From the obstruction in the nasal duct follows a whole series of symptoms and disastrous results from blenorrhea of the lacrymal sac to abscess of the cornea and ectropion of the lids.

Given a patient with epiphora, blenorrhea lacrymalis or dacryocystitis we

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must give due regard to the nasal passages, putting them in as healthy shape as possible.

It is only in the very recent cases that the obstruction can be removed by such mild treatment as syringing and the application of antiseptic and astringent lotions.

The stricture in the great majority of cases will be more than a simple swelling of the mucus membrane lining the duct. The underlying tissue will become hypertrophied and the peristemeum thickened, producing a true organic stricture of a pronounced and permanent character and amenable to surgical interference only.

Division of the stricture at the time the canaliculus is slit is practiced by some ophthalmologists followed by rapid dilatation with sounds. However most oculists prefer to treat the obstructed duct by dilating with probes, gradually increasing the size of the probe from day to day until patency is secured and maintained.

How large sounds shall we use has long been a mooted question and concerning which there still exists disagreement among authorities. It is concerning this very point that I desire an expression from this body tonight.

From the investigations of Dr. Samuel Theobald in 1877 he found that the average size of ten adult lacrymal ducts in the cadaver was 4.47 millimetres in diameter. The largest had a diameter of 5.27 millimetres.

In seventy bony lacrymal ducts he found the largest to have a caliber of 7 millimetres.

The largest of the series of probes employed by Bowman (No. 6) has a diameter of scarcely 1.5 millimetres. Such being the case it is not surprising that the results of those who use these small probes only, should be far from satisfactory.

Realizing the importance of accomplishing a more thorough dilation of

the strictures, Dr. E. Williams of Cincinnati employed probes with bulbous olive-shaped extremities, of a much larger diameter than the largest Bowman probe. About this time (1870) Dr. Noyes of New York made use of hard rubber probes the maximum diameter of the highest number being 4 millimetres. The biconical sound of Webber in its largest part measures about 3.25 millimeters.

Dr. Theobald as a result of his experience and measurements had a set of probes made numbering from 1 to 16, varying from .25 millimetre to 4 millimetres, increasing regularly on a scale of .25 millimetre. He states in his article on the System of Diseases of the Eye, by Norris and Oliver, that after an experience of eighteen years with these large probes his confidence in their efficiency in dealing with lacrymal obstruction is thoroughly established.

My own experience has not been large, but in several cases where I had been unsuccessful in securing patency with the Bowman probes No. 8 I have succeeded with Theobald's probes.

The contention is often made by ophthalmic surgeons that the use of any force in the passage of a probe through the lacrymal duct is a dangerous and reprehensible procedure, likely to give rise to an impermeable stricture by lacerating the lining membrane of the duct. Theobald alleges that this belief is entirely groundless and that the vast majority of cases of stricture of the duct are of a bony nature as a consequence of the periostitis, and hence necessarily offers considerable resistance to a probe of even moderate size. Our aim is not merely to make a small opening through the contracted portion of the duct, but obliterate entirely the obstruction, bring about the absorption of the tissue that causes the obstruction, and thereby insure a permanent patency of the canal. To accomplish this it is

necessary to use the large probes in the series in a majority of the cases. By following this rule relapses will be less frequent and the period of treatment shorter.

I have not touched upon the wearing of styles in the duct, nor the treatment

by electrolysis both of which have been tried and found inferior to the treatment by probes.

The diagrams presented show the sizes of probes and duct as per mensuration given by Dr. Theobald.

- —Bowman's No. 6 Probe, diameter equals 1.50 mm.
- —Theobald's No. 16 Probe, diameter equals 4 mm.
- —Average size of 10 adult nasal ducts, cadaver; diameter 4.47 mm.
- —Largest of 10 adult nasal ducts, cadaver; diameter equals 5.25 mm.
- —Largest of 70 bony nasal ducts; diameter equals 7 mm.

After De Schweinitz and Randall.

ACUTE RHINITIS.*

BY W. S. FOWLER, M. D. VENTURA, CAL.

It is the custom prescribed by the by-laws of many societies for the chairman of each section to prepare an address on the recent advancement in the particular department of medicine over which he has been called to preside; or to make suggestions as to possible improvements in treatment or methods of work.

But it seems to me that the progress of this section has been told you in the journals, books and monographs to which you all have access and rather than bore you with my ideas of improved working methods, I have selected as the subject of my address the prevalent seasonable condition known as

ACUTE RHINITIS

For even in this land

"Where Winter hath fair Summer wed"

this season of the year is prolific of what is known to the laity as colds in the head. It is not with the idea that I shall add to the sum of your knowledge regarding this common condition that it has been selected but because its prevalence has almost brought it into contempt and its neglect by our profession has laid the foundation and paved the way for the very general belief among our patients that catarrh can't be cured. For these reasons you are asked to lend me your ears while I

*Read before the Section on Otolaryngology and Rhinology, Southern California Medical Society, Twenty-fourth Meeting, Pasadena, Cal., Dec. 6 and 7, 1899.

rehearse a little of the pathology and therapy of this disease.

At the beginning we may say, as an axiom, the same general principle fundamental to all diseased conditions, if the constitutional condition of the individual is such as to render him free from the predisposition, there can be no exciting cause for that individual. Being an axiom this is self evident and you will all bear witness that there are those in every climate exposed to every vicissitude, to all the exciting causes who never suffer from colds in the head. These fortunate persons immune to all external influences, to heat, to cold, and to sudden transitions from one to the other, to atmospheric perturbations, to variations in humidity, to irritation by dust or fumes, to micro-organisms are in a condition of physiological balance between the alimentary and nervous systems.

Such balance in an individual means perfect adaptation of the system to its artificial environment, it means perfect tissue resistance to all disease-producing causes, it means a condition of the body and its functions which is incompatible with nasal congestions and inflammations.

As an antithesis to these favored individuals there are those more or less debilitated, constipated, the skin enfeebled and lacking tone and unable to properly perform its eliminating functions, digestion and assimilation disordered, vicious habits of breathing, tissue resistance and vitality reduced, little or no reserve nerve force, predisposed to congestions and inflammations, fit subjects for and generally suffering from catarrhal conditions of the nasal tract.

To be sure there are gradations all the way from one class to the other and numbers of people in otherwise apparently good physical condition are victims of rhinitis. I say apparently advisedly, for our modern scientific methods of investigation and diagnosis

will show within the nutritive or nervous systems even of these persons, conditions forming pathologic entities sufficiently well known but not always recognized as being responsible for nasal inflammations. The ultimate causative factor in acute rhinitis will be found in that unduly dissipates or wastes vitality-nerve force and thus disturbs the physiologic equilibrium of the system. To diagnose this disturbing element is to bring to light and view the cause without removing which it is useless for us to hope for a permanent cure.

We have all treated rhinitis more or less successfully, perhaps rather less than otherwise, and the methods have varied from the cleansing, antiseptic and alterative solutions, sprays and nebulae; to the astringents, caustics, actual cautery and instruments. From Dobell's, Seiler's, Sajon's and Leffert's solutions with their hundred modifications to snuffs and ointments from chromic and acetic acids to the galvanic cautery; from the hot and cold snare to the trephine and saw, and these measures have all been of great service but how often do our patients cease their visits, improved, not cured, or how long do they stay improved if we do nothing more?

It would seem necessary then to direct our therapeutic measures to the removal of the cause underlying the predisposition and by restoring the physiologic equilibrium eliminate that lack of balance in the bodily functions of which nasal inflammation is one of the outward and visible signs.

Any pathological condition causing nerve irritation causes by continued action nerve exhaustion and the vicious circle once started acts and reacts. Nerve irritation closes the grip on the vessels, lessening their capacity and as the vascular membrane of the respiratory tract offers the least resistance, and that of the nasal cavities least of

all, engorgement and congestion follows, as nerve exhaustion follows continued irritation; the grip is relaxed, vasomotor paralysis ensues, the vessels are filled with a stagnant stream of poison-laden blood; an acute attack of rhinitis is thus brought about in which the inflammation of the Schneiderian membrane constitutes the external visible effect of the pathological condition existing not primarily in the nose but in some other organs. In a pathogenic germ, in a poison or irritant in the blood, in any dietetic regime which from indigestion and mal-assimilation results in malnutrition and the retention in the blood of unassimilated and therefore toxic products, or a diet that reduces the alkalinity of the blood, or physical or mental overwork or dissipation in its various forms, any of these causes whether they be primarily a central nerve exhauster or first a peripheral and secondarily a central paralyzant.

When nerve exhaustion from causes outside the blood produces an abnormal tissue chemistry, increased waste is produced, showing obnoxious products into the blood which by their irritant action still further exhausts nerve force and weakens remote organs, these become reservoirs for accumulated by-products which are returned to the blood with increased irritative qualities.

If these organs happen to be the liver or kidneys, there will be retention of urea and uric acid, resulting in reduced alkalinity of the blood—a condition most favorable for mucous inflammation of the respiratory tract, and reduced tissue resistance.

If our past failures in the treatment of acute rhinitis have allowed the disease to go on and become the base of many serious chronic conditions, it is due to the fact that we have ignored the ultimate causative factors and have not considered the underlying pathologic entities, but like our friends(?) the homeopaths, have merely treated symp-

toms and have neglected to give proper value to temperament and diathesis. Bouchard defines temperament as we understand the term today as "The dynamic characteristic of the organism" and this includes in the most general way everything concerned in the function of individual nutrition, and, while this is in itself strictly internal, yet it had its visible external representations which constitute the link connecting our modern ideas of temperament with those of the older medical philosophers who gave us the well-known four: choleric, melancholic, sanguine and phlegmatic.

The causes of nerve exhaustion and secondarily reduced tissue resistance are as numerous as they are various but the labor and difficulty of detecting them is very materially simplified by the fact that they, almost without exception, act through the temperament producing the diathesis.

These considerations, however, do not in the least obviate the necessity for local treatment, if nasal stenosis exists from any local cause, deflected septum, spur or ridge, local operative treatment is indicated and if the mucous membrane has become thickened until all semblance of the normal tissue is lost, both in color, size and shape of the parts, operative procedure is the radical treatment but even in these cases, unless constitutional measures go hand in hand with local treatment, we are neither doing justice to our patients nor ourselves.

To recapitulate then: temperament controls tissue integrity and tissue resistance, and tissue resistance always determines not only whether congestions and inflammations shall arise but if suitable for origin, whether inflammation shall terminate by resolution or go on to catarrhal, polypoid or malignant necrobiosis and the only treatment which is of permanent value is that directed toward removal of basic underlying pathological conditions.

From the notes of the last hundred cases of acute rhinitis which have passed through my hands, without selection even for the intelligence of the patients, seventy-six showed clear and unmistakable constitutional conditions as the cause; six were due to external local irritations, mostly occupation irritants; sixteen were recorded tentatively as due to contagion.

In thirty per cent. one or more of the exciting causes were known by the patients to be present but in nearly half the cases there was the usual

answer: "I don't know how I took this cold."

In more than ninety per cent. acute exacerbations were placed on chronic conditions in the nose and throat and gave a history of repeated attacks.

With full realization of the facts that the most scientific methods of diagnosis with the most modern methods of their use can give us but an approximate etiology of this disease, yet my experience has been that treatment based upon this has been more successful than heretofore.

THE CARE OF THE MOUTH IN SICKNESS.

BY L. E. CASE.

Perhaps no part of the body is so often neglected as the mouth; especially is this noticeable in the case of children. A mother who will religiously bathe her child and keep its body sweet and clean will often fail to cleanse its mouth. A new-born infant should have its mouth washed after each feeding; a soft cloth wet in a weak solution of boracic acid should be used for this purpose. If this were always done we would rarely find a case of infantile sore mouth.

After the teeth come and the mouth is large enough, a small, soft brush should be used; the teeth and mouth should be thoroughly cleaned at least twice daily.

In illness where sordes and mucus accumulate rapidly, and where the tongue and lips are parched and stiff, attention is needed every hour; the mouth should be kept moist and the

same treatment carried out through the night as during the day. Boracic acid solution, listerine, lemon juice, glycerine and distilled water all are refreshing, and soften the tissues; where the lips are chapped or fissures appear, a lubricant of cold cream or sterilized vaseline should be applied. Where the gums are spongy or soft and bleed readily, a few drops of tinct. of myrrh added to pure water will help to harden them. Small squares of old linen or soft gauze should be used instead of a brush where one is ill or weak. These should be immediately burned after use.

Every part of the mouth should be cleansed; behind the wisdom teeth, the roof of the mouth and under the tongue; lemon juice and water will remove the fur from a thickly coated tongue. Where the teeth are sensitive the water used should be slightly warm.

THE SURGICAL TREATMENT OF RICE BODIES.*

BY FRED SHURTLEFF, M. D., LOS ANGELES.

Mr. President, Ladies and Gentlemen: I trust I may be pardoned by the society for referring to so seemingly an insignificant subject as Rice Bodies and

their Surgical Treatment. When we consider their origin and what it means to the patient one cannot regard them too lightly.

At the present time as well as in the

*Presented to the Southern California Medical Society, Pasadena, Cal., Dec. 6 and 7, 1899.

past, surgeons have discussed the most important of surgical diseases and rice bodies have been lost in the shuffle. Personally, I believe the disease is much more common than is generally supposed by the average practitioner and passes unrecognized. It has been my good fortune to come in contact with a number of cases, some of which had been diagnosed by my predecessors as rheumatism. For a long time the presence of rice bodies was enshrouded in mystery, but thanks to the pathologists they have satisfactorily explained their origin and definitely established the fact that the greater portion of these bodies contain tubercle bacilli. That these bodies are a tubercular product, Senn has repeatedly demonstrated by experimental inoculation, although it often fails, for they do not always contain active bacilli. Certain it is that there is a very close association between tubercular joint disease and the development of rice bodies.

Dupuytren thought they were hydatids, but the careful histological studies of more recent observers have determined their true nature. Their size varies from that of a very small particle up to that of the os calcis, such a specimen being reported by Billroth which has been preserved in the medical museum at Vienna; said specimen was found attached to the capsule of the joint. They consist anatomically of cartilage or of bone, or of bone with a cartilaginous covering of fibrous connective tissue, of fatty tissue, or of masses of fibrin. So far as location is concerned, they are found more frequently in the knee joint, next in the elbow joint, although I have found them in the wrist joint. Joint tuberculosis is more common in the lower extremity than in the upper, which accounts to a very marked extent their frequency in the order that I have already enumerated. Albrecht, out of 325 cases, in 91 of this number the disease affected the joints of the upper and 234 of the lower ex-

trimities. Rice bodies may be free, have a stalk or pedicle, may move about and occasionally block a joint or lie quietly in a joint recess or diverticulum, single or multiple, flat or ovoid, smooth or irregular and are usually found in a collection of fluid due to irritation and effusion into the joint. The fluid is either a clear serum or slightly turbid by the admixture of leucocytes and the products of coagulation necrosis. When such is the case it is spoken of as hygroma. The symptoms usually date back to some injury, and in all of my personal cases I obtained the history of some sort of traumatism, and not only that, but found each and every case presented a tubercular family history, and strange though it may appear in six out of my ten cases who were right-handed, the disease was found upon the right side of the body. Patients afflicted with rice bodies complain of a sudden severe darting pain (neuralgic in character) which was experienced in extension or flexion of the limb. Two of these cases were troubled with nausea and followed by vomiting, three of them fell to the ground in a faint. The pains which reappear with more or less frequency are particularly likely to occur when a moderate sized, freely movable joint body becomes caught by a synovial pouch, or between the articular ends of the bone (which not infrequently happens.) Pain is usually followed by inflammation in the joint of a greater or less severity, which assumes the character of acute serous synovitis.

So far as diagnosis is concerned, a tumor will present itself which is flat, oval or sausage shaped, soft, elastic and pseudo fluctuating in its character, and if hygroma is present, fluctuation is quite distinct. The diagnosis can sometimes be made by feeling the shot like bodies through the sac. It may be required of one to make a differential diagnosis between a tubercular arthritis and a tubercular synovitis with or without rice bodies, if so, keep before your

mind's eye that in bones and joints, tubercular disease usually makes itself manifest by posture deformities which of themselves are due to muscle atrophy and spasm, these two taken together betraying its nature, which is characteristic. In the above, subluxations and complete displacements are the rule, with expansion of the joint ends, atrophy of the parts above and below, attended by the excruciating night pains.

Park says "any treatment other than operative is merely temporizing with the trouble." Bier has suggested a promising method which might be tried in that class of patients who refuse a radical operation. It consists of inducing a permanent hyperaemia by the application of a rubber tourniquet on the proximal side of the lesion. The method depends upon its rationale upon the fact that a congested lung does not become tubercular. So far as operative treatment is conceived there are two methods in vogue at the present time; one being by the subcutaneous route, the point in the operation being to fix the foreign body with a pin, allow it to become encapsulated and then cut down upon it and remove it at leisure. The

other method being by the open method, which I consider by far the safer plan, provided it be under strict antiseptic precautions. The foreign body is removed, the wound stitched, and the leg placed upon a posterior splint provided no pus had been encountered.

The advantages by the open method are:

First: If a tubercular synovitis is present, the diseased portion can be excised.

Second: If rice bodies are pediculated they can be removed by a vigorous use of the curette.

Third: If tendons are involved with a tubercular deposit, removal may be attempted and tendinorrhaphy performed.

Fourth: If bones are tubercular a resection may be attempted.

Fifth: Irrigation of joint, if pus is present and packing with iodoform gauze.

Tubercular disease where circumscribed and accessible is a distinctly curable affection and there is such a close relationship between tubercular joint disease and rice bodies, opening of the joint is demanded.

SELECTED.

DEPARTMENT OF MEDICINE

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

THE NATURAL HISTORY OF VACCINIA.

Dr. S. Monckton Copeman in his Milroy lectures on the above subject arrives at the conclusion that both smallpox and vaccinia are descended from a common ancestral stock, and that this ancestor resembled the latter far more than it did the former.

Cows have been known to contract smallpox by being in close contact with

the infection. The matter obtained from such animals was employed for vaccination, and did not produce smallpox in the human subject.

Cows and calves can be successfully inoculated with the smallpox virus. The lymph obtained from the vesicles thus originated will produce typical vaccinia in the human subject and protect against smallpox.

The lymph thus obtained has been car-

ried through as many as thirty generations, and, at the end of the series, the characters were not changed nor the protective power abated. It would thus seem that when smallpox passes through the bovine animal it reverts to the original ancestry, a mild form of the same disease.—From Canadian Med. Review.

BELL'S SIGN IN FACIAL PALSY.—

Bernhardt states that Bell's phenomenon—the upward and outward rolling of the eyeball—is normal during tight closure of the eyelids, but may be absent when the lids are lightly closed. The sign is of prognostic value in facial paralysis (Bell's palsy), inasmuch as when the paralysis begins to improve, the phenomenon becomes less distinctly visible in the eye on the paralyzed side, partly because of the better closure of the lids, and partly because of the diminution in the energy of the associated eye-movements connected with the restoration of the power to close the lids. [D. R.]

PERCUSSION OF TENDER AREAS.

—Baelz recommends palpatory percussion (plessesthesia) as preferable to ordinary percussion. The method is performed as follows: The left middle finger is pressed firmly against the surface of the body. The 2d, 3d, and 4th fingers of the right hand are flexed at the metacarpal joints to a half right-angle and remain in this position. They then approach the left middle finger to a distance of about 2 cm., percuss, and remain a few seconds firmly on the finger. The procedure may then be repeated. Plessesthesia is of especial value in the study of the diseases of the lungs and pleura, the spleen, the liver, and in cases in which ordinary percussion is not practicable on account of pain and e. g., in perityphlitis and cholelithiasis. [We have at various times employed this method, which takes account of resistance rather than

sound, and have found it most useful.] Percussion of the apices of the lungs should always be from resonant toward dull parts and not the reverse; and it is better to percuss the pulmonary apices from below upward than from above downward. Immediate auscultation, a cloth only being interposed between the ear and the chest-wall, is considered best able to detect fine crepitation, soft diastolic murmurs, and aneurysmal bruits. In case of the last, the head often feels the pulsation far better than the palpating hand. Direct auscultation often detects a sound not truly vesicular nor crepitant, which Baelz would term crepitoid. It is heard in pneumonia at the edge of the disease-area and is the first sign indicating that the process is spreading. It may also be the first evidence of an oncoming edema. Usually it is inspiratory, but it may be heard during expiration. Closure of the eyes during auscultation and percussion seems to facilitate the detection of fine changes, by removing the influence on the judgment of the knowledge of anatomic position. [D. R.]

IRON IN ANEMIA.—It is well known that it is by no means a matter of indifference what form of preparation of iron is used in different cases of anemia, and nothing is more common than to find a particular preparation succeed after many others have failed. In the first place, the state of the digestive functions should be examined carefully. If with a coated tongue there is a loss of appetite, flatulent distention, and other signs of dyspepsia or chronic gastric catarrh, the digestive functions should be improved before any form of iron is prescribed, and some such formula as the following should be ordered:

Solution of bismuth citrate....	4 fluidrams.
Sodium bicarbonate.....	2 drams.
Aromatic spirit of ammonia...	3 fluidrams.
Tincture of nux vomica.....	2 fluidrams.
Infusion of calumba to make..	8 fluid ounces.
Mix.	

Dose: Two tablespoonfuls an hour before food twice a day. If there is constipation, the following pill should be given daily, immediately before or after dinner, or supper when dinner is taken at mid-day:

Extract of aloes..... 1½ grains.
Powdered ipæac..... ½ grain.
Quinin sulfate..... 1 grain.
Soap..... ½ grain. Mix.
Make one pill.

After a week or ten days of this treatment one of the milder preparations of iron may be given and then 5 gr. of iron ammonio-citrate added to each dose of the foregoing mixture, and 1 gr. of ferrous sulfate to each of the pills. Subsequently the mixture may be replaced by a modification of Blaud's pills, in which the whole of the ferrous sulfate is not decomposed by potassic carbonate, but an excess of sulfate is left in the pill.

Exsiccated ferrous sulfate.... 72 grains.
Potassium carbonate..... 12 grains.
Powdered nux vomica..... 24 grains.
Soap..... 6 grains. Mix.

Divide into 24 pills. To be coated with a suitable covering. From one to three after each meal. In ordinary cases in which, as a rule, constipation is a prominent symptom, the following

modification of an old formula is a most efficacious and rapid blood-restorer:

Iron sulfate..... 16 grains.
Dilute sulfuric acid..... 40 minims.
Solution of strichnin..... 48 minims.
Magnesium sulfate..... 1 ounce.
Chloroform water to 3 fluidounces
Mix.

Dose: Two tablespoonfuls twice or three times a day, an hour before meals.

Some prefer to give the insoluble preparations of iron immediately or about an hour after food, in order that they may be dissolved by the gastric juice, and so absorbed with the food; and in some cases in which there is an intolerance of iron-preparations this is a good plan. The ferrum redactum—the solubility of reduced iron in gastric juice—has been estimated by Quevenne: when 50 centigrams (7 1-2 gr.) of reduced iron were treated with 100 grams (3 oz.) of gastric juice, 51 milligrams were dissolved, or about one-tenth—in 2 or 3-grain doses may be given in pill or powder, or the ferri carbonas saccharata in 5 to 10-grain doses in the same manner, thrice daily after food.—Burney Yeo. (A Manual of Medical Treatment.)

DEPARTMENT OF SURGERY.

CATGUT STERILIZATION.—While personally entirely satisfied with the modifications of the formaline process for the preparation of gut as described at length in the Recorder for January, we feel that we can safely recommend the method of boiling in alcohol. Dowd devised a condenser for the alcohol, which is thus described by Copeland (Med. Age, Aug., 1899).

The condenser is made by encasing a coil of block-tin tubing in a cylinder of sheet copper. Two taps are inserted into the cylinder for the transmission of water in and out. The lower one is attached to a faucet of running water,

and the upper one is fitted with a rubber tube to provide for the escape of the water. The crude catgut, as received from the dealer, is wound on glass spools and put into absolute alcohol in such an open-mouthed jar or bottle as is convenient. The piece of block-tin tubing at the bottom of the condenser is fitted into a perforation in the cork of this bottle or jar. The jar is then placed in a water-bath and boiled for one hour. This device is simply a still which recondenses the alcohol.

Alcohol alone has great germicidal power. Catgut boiled in absolute alco-

hol for one hour is, I believe, rendered sterile and increased in strength. Repeated boiling does not weaken the gut. My belief is based upon twelve years' experience with catgut, prepared after this method, without a single bad result that could possibly be attributed to the

catgut. Some objection is made to the time and trouble required to prepare catgut after this method. No method could be quicker or easier after we have the apparatus; no more than five minutes is required to bring the alcohol to the boiling point.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND ROSE TALBOTT BULLARD, M.D.

ACCIDENTAL WOUNDS OF THE FEMALE BLADDER.—By Frederick Holme Wiggin, M. D., New York City. Accidental opening of the bladder has, for many years, been considered one of the most serious accidents that could occur in the course of the complicated work which gynecic surgeons are often called on to perform. The following case is offered in illustration of this type of injury:

M. H., unmarried, age 41, was admitted to the City Hospital, Blackwell's Island, N. Y., Sept. 30, 1898, suffering from a large myoma, which sprung from the anterior uterine wall and extended above the umbilicus. On Oct. 3, the abdomen was opened, and the tumor, which weighed seventeen pounds, was drawn through an incision six inches in length, freed from its attachments and removed, together with the body of the uterus amputated near the internal os. As hemorrhage was profuse it became necessary to remove the mass very rapidly, to accomplish which the anterior attachment of the tumor was clamped and cut, when it was discovered, from the escape of urine, that the bladder had been opened near the fundus.

The general cavity had previously been shut off with gauze pads and thoroughly irrigated, followed by the use of Hydrozone in half strength, and this, in turn, by saline solution. The gauze pads were now changed, and the opening

in the bladder, four inches in length, was closed by means of two layers of chromicized catgut sutures. The wound was then disinfected, and there being a large peritoneal flap, it was attached to the bladder and made to cover the line of sutures, thus making the bladder wound extra peritoneal. After further washing out of the abdominal cavity with Hydrozone and the saline solution the external wound was closed, without drainage, and the usual dressings applied. The patient being feeble it was not thought advisable to make a vesico vaginal fistula to drain the bladder, but, instead, a self-retaining catheter was introduced. At the end of ten days, however, tumefaction occurred over the lower angle of the abdominal wound, and, on opening it, urine began to escape. A vesico vaginal fistula was now made in order to afford adequate drainage. The sinus in the abdominal wall was curetted and, after being thoroughly disinfected with Hydrozone, its walls were sutured. Soon afterward, the sinus having been closed, the sutures which kept open the vesico vaginal fistula were removed, and the latter closed quickly without any further operative interference.

Percival (in British Medical Journal, 1897, vol. 1, p. 1282) reports a case of ruptured bladder on which he had operated. It was closed by means of a double wall of Lembert silk sutures. The

wound in the abdominal wall was closed, after the peritoneal cavity had been flushed out with boric acid solution and a large quantity of clots and urinous fluid had been removed. For a few days the patient did well, and then died from peritonitis. But the necropsy proved that the bladder-wound had completely healed. It is the writer's opinion that had saline solution and Hydrozone been

used, instead of boric acid, and the abdominal wound been closed leaving saline solution in the peritoneal cavity the patient would probably have recovered. —Abstract from the Journal of the American Medical Association of Sept. 9, 1899.

Presented to the Section on Obstetrics and Diseases of Women, at the Fiftieth Annual Meeting of the American Medical Association, held at Columbus, Ohio, June 6-9, 1899.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF H. BERT ELLIS, M.D., PROFESSOR OF OPHTHALMOLOGY
COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

TATTOOING CORNEA FOR LEUCOMA.—Tattooing of the cornea for leucoma is falling into disfavor; it is always attended with danger and has often resulted in the loss of vision of both eyes. The sympathetic trouble probably arises from the migration of micro-organisms introduced into the cornea at the time of the operation.

Dr. Marcus Gunn (in connection with Dr. Gower) has done much to demonstrate the connection between brain tumors and optic neuritis; but notwithstanding their unexcelled opportunities in observation their experience allows them to go no further than to say:

"That intense double optic neuritis, with much swelling and surrounding retinal changes, coming on quickly, suggest the cerebellum.

"That one-sided optic neuritis or marked difference, suggests the cerebrum and is, on the whole, in favor of the tumor being in the same side as the excess of neuritis, where there are other reasons for localizing one in the front of the cerebrum."

QUININE AMAUROSIS IN A CHILD.—Dr. Moulton reports a case of quinine blindness in a child of three years. On August 4th and 5th the family physician gave the child ten grains of bisulphate of quinine for

malaria; on the 6th, 7th and 8th, twenty grains each day; the 9th, ten grains; on the tenth the child was blind. On the 10th, 11th, ten grains each day. On December 14th, after the use of strychnine and Fowler's solution, the child was able "to pick up such objects as pencils and even pins from the floor."

ENUCLEATION AND SYMPATHETIC OPHTHALMIA.—The question as to the expediency of the removal of the injured eye in a case of sympathetic ophthalmia is one that has confronted every oculist. Of the large number of cases I have seen, I can recall but one in which useful vision remained after the second eye was attacked; and in that one instance the injured eye was removed in a few hours after the sympathetic trouble manifested itself.

Dr. Sattler, in a recent number of the Ophthalmic Record, makes the following timely observations:

"Sympathetic ophthalmia evokes a never ending interest, for it is established without question that no more uncertain or unmanageable lesion is known, one that sooner or later, with infallible certainty, terminates in hopeless destruction of vision."

(If the opportune time for preventive surgery has been lost or overlooked and sympathetic disease is in progress, al-

most without exception treatment is useless, and blindness alone certain.)

"The uselessness even to influence in any manner favorably the disastrous course of sympathetic disease, the life-long deformity which the removal of the injured eye entailed, especially with children, to which were added occasional observations which left no room for doubt that the operation, instead of exerting an indifferent influence for good, really brought unmistakable harmful results for the sympathetically affected eye brought about a change of opinion."

Cases have been reported where the injured eye, when not removed, retained better vision than the one sympathizing, and in summarizing the principal points the doctor makes the following observations:

"Enucleation of an injured eye (particularly in rupture of sclera, punctured wounds of globe with extension to uveal tract) when active sympathetic ophthalmia of the fellow-eye has been excited is not justifiable for the reason that after a complete subsidence of inflammatory reaction in both eyes the injured eye alone may offer a chance for partial restoration of sight.

"Enucleation of an injured eye which has excited sympathetic ophthalmia is justifiable, often a measure of necessity, in cases of traumatism produced by the lodgment in the eye of a foreign body which cannot be localized. If such eyes are a source of continued suffering, the enucleation should be speedily done, but without hope or prospect that this will influence the course of the inflammatory disturbance.

"Enucleation of the injured eye with the hope that it will influence favorably the progress of sympathetic ophthalmia has little or no foundation in accurate clinical observation or surgical experience. There certainly is no reliable proof that it has ever arrested, or even retarded, the fatal course once begun. It must therefore be considered an uncertain measure of interference which ex-

pediency even can only counsel in a small fractional number. It must furthermore be added that there are no reliable data that it is harmful in the sense that it excites a more rapid or more disastrous course in the sympathetically affected eye. This is more likely due to the inherent degenerative activity which varies in each case, so far as its destructive fatality is concerned."

F. C. PHILLIPS.

HEMORRHAGE FOLLOWING ADENOID OPERATIONS.—Three cases are reported by Martin in which secondary hemorrhage occurred at intervals varying from one and one-half hours to nine days after operation. Tamponing of the nose and naso-pharynx was resorted to in one case, the other two ceasing spontaneously after rest in bed.—*The Laryngoscope*, July, 1899.

ETIOLOGY OF FALSE CROUP.—Most physicians believe false croup to be a disease of the larynx. Zimmerman does not concur in this opinion, but holds that it is always dependent upon and a symptom of hypertrophy of the post-nasal tonsil. After removal of this gland the false croup ceases, hence his conclusion.—*Munch. Med. Wochenschrift*, 1898, No. 45.

EMPHYEMA OF THE FRONTAL SINUS WITH ORBITAL ABSCESS.—The inflammation in the frontal sinus was apparently accompanied by caries and perforation of its floor, the pus burrowing beneath the upper eye-lid. The orbital abscess was opened, the frontal sinus curetted and drained. The cavity was irrigated with solution of boric acid, followed by iodoform suspended in alcohol, with recovery in four months.—*Martin, The Laryngoscope*, August, 1899.

HEMORRHAGE FROM THE NASAL SEPTUM.—Spontaneous hemorrhages are not uncommon. Cases are mentioned coming from rupture of the in-

ternal branch of spheno-palatine artery and from ulcerations of large varicosities on the septum. All were cured by galvano-cauterizations. The author emphasizes the importance of using the nasal speculum and reflected light, as by this means only can the bleeding point be located. Having ascertained the spot from which the hemorrhage

occurs, the flow can readily be checked by one of three methods, viz.: by the application of nitrate of silver, chromic acid, or the galvano-cautery; preference being given to the latter. Author rightly concludes that all cases of repeated nose bleed should receive careful attention.—Natier. The Laryngoscope, July, 1899.

DEPARTMENT OF PROCTOLOGY.

UNDER THE DIRECTION OF WELLINGTON BURKE, M.D., LOS ANGELES, CAL.

A RECTAL CURIOSITY.—In a paper read before the Tri-State Medical Association at Mississippi, Arkansas and Tennessee at Memphis, November 15, 1899, Dr. John L. Jelks, of Memphis, Tenn., reported the following case under the above title:

"Woman about 40 years of age, never borne a child, perfect health until for the relief of a small hemorrhoidal tumor she submitted to the unsurgical and nefarious procedure of the injection of carbolic acid into the tumor. The result which is exceptionally grave in this woman's case is only an exaggeration of those which have in a number of instances been presented to me. I was called by my friend and conferee, Dr. Stanley of this city, to see this woman, and was able to get this history. She had a small hemorrhoidal tumor injected by some one, and a few days thereafter the pain, which had been constant since the injection was made, increased, and she began to discharge pus a few days later from the bowels. This sloughing process continuing for a long time became to her a death-warning and when Dr. Stanley was called he found her in the condition which I described. The perieum has entirely sloughed away, the perineal half of the sphincters are gone, the pus has undermined all of the muscles of this region and the bowel is protruded, engorged and imflamed, the mass is the

size of a large cocoanut, is eroded and gangrenous in appearance.

The hemorrhoidal tumor which I fancy was the offending part in the beginning is at one side still wearing an air of endurance. The woman is dying with sepsis, and the one possible chance which I offered her when I first saw her, but did not insist upon, is now gone.

Suffice it to say, I am prompted by the acquaintance which I have of the facts, namely: First, that doctors in all parts of the country are attempting the cure of hemorrhoids by the injection of carbolic acid into them. Secondly, that the same does not cure them. Third, that its use is fraught with great danger, and should in the future be stamped with the disapproval of the entire profession. Had we not pictured this case so grave in the beginning, the question arises, what could have been done? The peritoneum was in this mass, hence a deligation of it in sections as described by Dr. Pinckney French of St. Louis, or the operation of excision as described by Dr. Chas. K. Briddon of New York, was impossible, or at least impracticable in this case where so much infecting material was disseminated around and through all the tissues, and which without any operative procedure has eventually infected the peritoneum with, of course, a fatal result, which peritoneal infection was the most to be dreaded step of this

ravaging process. The next and only procedure I think plausible was suggested to me at the recent meeting of Mississippi Valley Medical Association by Dr. Joseph Matthews of Louisville, Ky., which was to enter the abdomen over the sigmoid, and after drawing upon and replacing the prolapsed bowel, anchor the same by a continuous suture to the abdominal wall. This would have enabled me to drain by incisions the undermined structures of the pelvic floor, and the suppurative process gotten under control. The next step would have been the building up of a perineal body from the surrounding tissues and closing in the parts in the best possible way, then if too much of the sphincter had not been destroyed, the suturing of its ends. These are only the possibilities in such a case when there is yet time, and sufficient vitality to armor us with hope. As to suppuration in this locality, I beg to say the location in functions of the muscles of the pelvic outlet are such as must render the formation of a suppurative focus above a medium lateral line drawn from the anterior of one ischiatic tuberosity to the same point on the opposite side eminently more serious than if this focus be at some point posterior.

The transversus perinei, levator ani and the sphincters all rendered tense by the irritation tend to sacculate the site of focus and make easy the dissection by this confined pus around and through various important structures, furthermore it is not a matter of so little concern to cut through the sphincters in the anterior quadrant, when an abscess in this locality has resulted in a fistula and necessitated doing so.

We should eschew at all times procedures so prone to cause a suppuration in this region such as that described in the report of this case, and if from any cause a suppurative focus is diagnosed here no time should be lost in going into and radically dealing with it, keep-

ing constant and thorough drainage throughout.

THE PERCENTAGE SANATORIUM.

Dr. Champion of Colton, Cal., has handed us the following circular letter which was addressed to a druggist in Colton. This letter shows plainly the mercenary basis on which that institution is conducted. We are rather surprised to see the names of such well-known laymen as Hon. P. M. Green, Mr. C. W. Smith, and Mr. H. M. Hamilton, all of Pasadena, attached to such a letter and beg to call their special attention to the nature of the business which they are endorsing and supporting.

Ten miles N. E. of Our Specialty. Throat
Los Angeles. & Lung Troubles.

SOUTHERN CALIFORNIA SANATORIUM.

All Diseases of the Respiratory
Tract Successfully Treated.

J. W. McCauley, General Manager.

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H. M. Hamilton, Vice President. Capitalist & Director First National Bank.

P. M. Green, Treasurer. President First National Bank.

Dr. W. Harrison Ballard, Medical Director.

If you are sick we invite you to come to our sanatorium. Remain a day or two free!

Investigate in your own way to your own satisfaction; talk with our patients and know all about the grand work we are doing.

SAN GABRIEL, Cal., Nov. 22, 1899.

Dear Sir:—

We will pay cash for your co-operation. You doubtless know of those suffering with throat and lung troubles near you. While they remain you will sell them medicines and make something. We offer you forty per cent. of what they pay here the first week, and ten per cent. each succeeding week. Our rates vary from \$15.00 to \$75.00 per week; your first commission from 6 to 30 dollars, and from \$1.50 to \$7.50 weekly.

Our treatment positively destroys tubercular bacilli; patients soon notice marked improvement. A proper investigation always convinces one we quickly cure a large percentage suffering with consumption.

Kindly hand the enclosed cards to sufferers and give us their names and addresses. Will we mail you a complete synopsis of our Treatment?

Remember our cash offer is ten times the profit you can make by selling them drugs. Write us.

Yours truly,
SOUTHERN CALIFORNIA SANATORIUM.
J. W. McCauley,
Manager.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

☐ Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. C. G. STIVERS, Asst. Editor.
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

Address all Communications and Manuscripts to

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DR. C. G. STIVERS, Business Manager, 315 West Sixth Street, Los Angeles, Cal.

EDITORIAL.

The Twenty-Fourth Annual Meeting of the Southern California Med- ical Society.

Dr. W. W. Beckett of Los Angeles, read a paper entitled "Hernia." (See page 1 this issue.)

DISCUSSION—In Part:

DR. WILLS of Los Angeles.—"I am glad to hear surgeons report cases truthfully—admitting that they have supuration at times. We all have them. I am in favor of not scrubbing up too violently in the groin and pubic region. It causes ecchymoses favoring the growth of white skin-bacillus, especially if a dull razor is used to shave the parts. I have discarded kangaroo tendon. It is not necessary to have sutures remain ten days."

DR. CLAIRE W. MURPHY of Los Angeles.—"Bassini's operation is the best one to do. I have found Cumol catgut to be the best. The sutures should be placed through the conjoined tendon—on the inside and the aponeurosis of external oblique muscle on the outside. The anatomy of hernia should be thoroughly understood by the surgeon. In children it is not justifiable to do a radical operation until a well-fitting truss has been tried, except in irreducible or strangulated hernia. A truss will cure a great many cases in children."

DR. GEORGE LASHER of Los Angeles.—"I always use kangaroo tendon prepared by boiling in alcohol for ten or fifteen minutes. I believe the omentum in the sac should always be re-

moved. The Bassini operation has not been followed by atrophy of the testicle."

DR. BECKETT.—Closing discussion: "Drs. Bull and Coley are following the rule of operating on all cases in children where a truss failed to cure after one year's wear."

Dr. A. S. Parker of Riverside, Cal., read a paper on 'Osteomyelitis, Acute. Report of Case.' (See page 6 this issue.)

DISCUSSION.

DR. LASHER.—"I rise to thank Dr. Parker for the way in which he managed the case. The good feature about this as in other similar cases is that a free radical operation can and should be done—as was done. New bone will be grown to replace all that which has been removed by suppuration or necrosis. The osteogenetic cells in the periosteum will quickly build up new bony tissue. This is a dangerous disease, and may follow the infectious diseases in children. Operate as soon as pus is suspected—liberate it—and treat it as any abscess should be treated."

DR. HOELL TYLER.—"We should be on our guard and warn patients against neglecting bruises of the shin, which may result in periostitis and osteitis."

Dr. George J. Lund of Los Angeles read a paper on "Obstruction of the Nasal Duct." (See page 9 this issue.)

DISCUSSION opened by Dr. Murphy of Los Angeles.—"I use only Theobald's probes, leaving them in from 30 to 50 minutes. I rely on the syringe also, using a small, hard rubber dental syringe, and after slitting the canaliculus, syringe out thoroughly with a

two-per cent. solution of protargol. The duration of treatment is cut short by this means fully one-half. Weak solutions of argentic nitrate, hamamelis, etc., are useful."

DR. W. D. BABCOCK.—I rely on the electrolysis. The lubricant used must be glycerin and not vaselin, as vaselin is not a conductor; glycerin is."

DR. HULL.—"I am on the side of the men who use a small probe as there is danger in the use of the large probe in damaging the mucous membrane. In using the constant current the probe will sometimes stick. Just reverse the current and it will loosen up without taking the mucus membrane with it."

DR. McCOY.—"The middle line is the one to be followed. The thing to do is to use probes, about a number 8, rarely higher. I do not see how a No. 16 can be introduced without tearing the mucous membrane. The syringe is useful especially in the purulent form. Any obstruction in the nose must be removed also."

DR. THORPE.—"I would rather treat lachrymal stenosis than have it and be treated by large probes. The canaliculus to be entered should be often the upper as it offers a more direct passage to the nose."

Dr. Fowler of Ventura read a paper on "Acute Rhinitis." (See page 11 this issue.)

DISCUSSION

DR. NORMAN BRIDGE.—"The paper called attention to the fact that the alkalinity of the blood is diminished. This is a most important condition to remember in treating these cases, and the results of therapeutic medication

are best when attention is given to restoring the normal blood state. The administration of large doses of sodium bicarbonate produces good results, whether by diminishing acid or not, is yet not known. These acute coryzas are not usually the result of wet feet, draughts of wind, etc., sitting in shirt sleeves, etc., but have an underlying blood condition as a basis. Antigouty remedies have been employed, with good results. At all events, relieve the patient's symptoms as soon as you can."

DR. MURPHY of Los Angeles.—
"Acute rhinitis is apt to follow a congestion of the stomach or liver, constipation, etc. Salicylate of soda I use locally and internally."

DR. R. W. MILLER of Los Angeles.—
"The best treatment is of course the preventive. A favorite prescription of mine is atropia sulph. 1-720 gr., ipecac 1-24 grain in peppermint water, to be given every hour for about eight doses. This relieves the excessive secretion, soothes the constricted feeling and induces comfort."

DR. FLEMING of Los Angeles.—
"The fundamental cause lies in some perversion of the nervous system. My treatment is to avoid such things as alcohol, opium and lemonade, all of which clog up the system. I do favor elimination by calomel, podophyllin and plenty of water. Some soothing local treatment should also be used, but the chief aim is the re-establishment of the bodily functions during the acute stage, and then treat the patient between his attacks, getting him in a condition to prevent acute coryza from occurring.

Our Home Journal.

Fourteen years full of history since this journal was established. Fourteen years of respectable mediocrity. In all that time neither editors or other contributors have written anything for its pages that has revolutionized medicine or made any great impress on medical history. All we can claim for the Southern California Practitioner, all we can claim for the profession of Southern California is that we have kept respectably, honorably and conscientiously abreast of the times.

Our pages have been filled with helpful, healthful articles that could not avoid being useful to all intelligent readers.

Many of the papers that have first appeared herein have thereafter been extensively republished in the leading medical journals east of the Rockies. The record of this publication will compare favorably with any of its size, but we earnestly desire to make it better. Help us to improve this your home magazine. We do not expect to make any money. We want to put right into it all the money we can get out of it. Every man who pays his subscription is helping to build up a voice to speak to the world for the medical profession of Southern California. We wish that it were unnecessary to speak here of finance. We do not ask for much but a little help from each one will enable us to improve the Practitioner in many ways. Help us by your subscriptions and by your pen to eliminate from an honest description of this journal that hateful, contemptible phrase—respectable mediocrity.

The Physician as a Business Man.

No other professional gentleman is compelled to assume as many responsibilities as the physician. Entrusted as he is with the lives of his patrons, he must at all times be prepared for any emergency that may arise. Others may be appalled or terror-stricken at some horrible accident, yet the physician must know no fear, be brave, yet tender, and equal to the occasion. The theologian, the lawyer, the statesman has time to prepare his work—the physician must always be ready.

The physician bears a double relation with every patient—the humanitarian combined with that of the scientist and that of the business man. I have often thought, considering the vast responsibilities heaped upon him, that the latter sphere, that of business man, is neglected to too great an extent. Physicians, as a rule, are poor business men, and it is often their own fault that they are not better off financially than they are. The irregular hours of sleep, and irregular meals, both of which tend to make the average life of the physician shorter than that of any other professional man, are certainly deserving of better remuneration than the mere promise to pay. Their services are held too lightly; many people estimating the value of a physician by the fee he charges. Each practitioner must be his own judge as to the value of the services rendered; if he under-estimates them, he is alone to blame. The healing of the sick is your stock in trade, and you are doing yourself an injustice by ignoring the business portion of your profession. A physician who renders his patient the very

best service at his command should never hesitate to demand that which justly belongs to him. Ignoring this simple business principle is the chief cause of the many failures in the practice of medicine.

The question naturally arises, how is this to be remedied and corrected? In the first place, make your charges commensurate with the service rendered; secondly, keep accurate accounts; thirdly, collect them systematically. There are many labor-saving ledgers on the market which make the keeping of accounts easy and up-to-date. Whether your business justifies the employment of a book-keeper or not, keep all accounts posted, so that they may be settled at a moment's notice. Render statements regularly; every three months, or what is preferable, every month. This will not only remind your patrons that they are indebted to you, but shows them that you are a thorough business man as well as a good physician. In every other mercantile business, statements are rendered monthly, so why should not the physician do likewise? No sensible person would take offense at it, and those who do and raise a cry about being "dunned" are undesirable patrons, and the sooner you weed them from your practice the better for you. The old fable of the husbandman who warmed the frozen serpent into life, only to be bitten by the venomous thing, often finds a counterpart in real life. This class of patients may call you "a good fellow" till you have cured them; when you attempt to collect, then——. Let your patrons know that payment is expected,

-that it is one of your business methods to demand it when due, and you will not be left in the lurch, even though your easy-going, generous-hearted competitor across the way often is. The bright, capable, business-man physician is the successful physician, and he will get the patronage and practice. His professional success, however, depends upon his knowledge of medicine and the results he derives therefrom, for the public will stay with the one who gives the best satisfaction. His success from a financial standpoint depends upon his ability to collect that which is rightfully due him.

What Shall We Do with the Consumptives.

We commend to our readers the following extract from an excellent editorial in the Riverside Press:

"It is undoubtedly true that some of the most enterprising and successful business and professional men in Southern California—men who have made the country what it is—came here as consumptives. Every community has anywhere from one to a dozen prominent men who were brought here on a cot or who were told by their physicians that they could not live three months, no matter where they went. Now they are splendid specimens of physical vigor—strong, active and full of energy, hope and enterprise. We cannot afford to shut our doors in the face of such citizens as that; and it is hard to say when they come whether it will be their fate to recover or simply to drag out an unhappy existence for a few months or more.

This much is true, however, the worst cases ought to be in sanitariums instead of hotels and boarding houses, where they may scatter the fatal germs of their disease. A well-developed case of tuberculosis is much better off in Indio, or Palm Springs, or some point in Arizona than in Los Angeles and Pasadena or even Riverside and Redlands. The warm, dry, desert air is the best for sore lungs. But consumptives do not realize this; they congregate in the chilly, cheerless rooms of cheap lodging houses in Los Angeles, Pasadena and San Diego where they are uncomfortable and unhappy themselves and a menace to all who come in contact with them. Many eastern physicians pack patients in the last stages of consumption off out here who are without means to make themselves comfortable and who come without advice as to the best place to go or the best thing to do after they get here. This class is not only a burden on our charity, but it affords the greatest danger from contagion. It is more heartless to send such cases here than it would be for us to quarantine against all cases of tuberculosis.

Upon physicians here and in the east is laid a great responsibility of education in this matter. The patient who has a comfortable home in the east runs a great risk in coming here unless he has ample means to secure the best accommodations in some suitable locality. And it is the physician's duty to tell him so. And when the consumptive comes he should be warned by physicians to shun the centers of population and go to some desert or mountain resort, where he can find the climate at its best. Better a hundred fold an out-door life

on the Colorado desert or in some mountain valley with plenty of sunlight and pure water, than to shiver in a boarding house in some large town. We may need some legislation as well as medical advice and public opinion to bring it about, but the future solution of the consumptive problem, we feel sure is the gathering of all serious cases in desert resorts like Indio or mountain resorts like Strawberry valley. That will be better for the consumptives and safer for other people. And every physician or layman who can help bring about this result will be a friend to humanity."

The Flip Nurse.

The flip nurse is an abomination to a noble sisterhood, a curse to the conscientious physician and a fraud upon the long suffering patient.

Her chief stock in trade is not intelligent, earnest work, but rather it is chic and cheek.

She delights in a wealthy patient of the opposite sex and if he is something of a roue she is all the better suited.

She brushes up close to the attending physician and glances at him archly.

Her voice, when she is trying to make a point is like the sweetest notes of a cooing dove, but when she is defeated, angered, or brought to bay, those dulcet tones quickly change until they resemble the shrill, stridulous screeching of a circus caliope.

She is an adventuress masquerading in the uniform of a saint.

There are such nurses in every community. They are flies in the ointment. Generally, if inquired into carefully it will be discovered that they have a history

with incidents of a marital nature or otherwise. Notice their gait, the way they throw their hips and then you have the whole story. If they were walking on the streets they would be taken for solicitors. They taint a pure and altruistic profession. They serve but one good purpose: the merit of the real nurse shines forth with all the more luster by comparison.

The trained nurse will be a great factor in the twentieth century civilization; let doctors, patients and true nurses work together to eliminate this noxious bacillus.

L.

The Pomona Valley Medical Association

held its regular monthly meeting in McComas hall yesterday afternoon with a good attendance of physicians of Pomona and neighboring towns. The principal address of the occasion was delivered address of the occasion was on "Paralysis in a Child," which was followed as usual by a general discussion. The association has about twenty members in the valley and the physicians attending find its meetings interesting and instructive.

The annual election of officers resulted as follows: Dr. J. A. Metcalf, of Azusa; president; Dr. C. Heaton, of Pomona, first vice-president; Dr. W. A. Lillie, of Ontario, second vice-president; Dr. T. Hardy Smith, of Pomona, secretary and treasurer.

Doctor M. R. Toland has recently sold his interests at San Jacinto with a view to moving to Pomona to take up his permanent residence there. Whether or not the doctor left his resignation as county physician in the hands of the Clerk

yesterday is not known, but one thing is known and that is that there are a number of aspirants for the place he now fills. The matter of appointment of a physician to take the place of Dr. Toland was broached at the meeting of the Supervisors Wednesday, but the talk over the matter was short as the resignation of the incumbent was not in the hands of the board at the time. The indications are that the pull for his place will be a lively one.

The Fresno County Medical Society

met last night in the parlors of the Grand Central hotel as the guests of Dr. Nicholson of Oleander. Seventeen members were in attendance. Dr. Miner read a paper on "Some of the obligations of physicians to each other." A communication from the State Board of Health was discussed at length and finally referred to a special committee for investigation.

Dr. Wilson Fowler, was elected president for the ensuing half year and Mr. Fred Twining, secretary. A committee was appointed with instructions to purchase a suitable testimonial for the retiring secretary Dr. Barr, and present the same with the thanks of the society for efficient services rendered. After refreshments in the dining room of the hotel the society adjourned to meet at Dr. Hare's office in February.

The Pasadena Medical Society

met with Dr. C. L. King on Euclid ave, Pasadena Friday, Jan. 12, 1900. Dr. King read his exaugural or farewell address. The attendance was large.

The Los Angeles County Medical Association

held open session on Friday evening Jan. 5, 1900. The amphitheatre of the Medical College building was crowded to hear Dr. F. D. Bullard the retiring president read his farewell address entitled "From Miracles to Medicine."

The article will appear Feb. in the Practitioner. It is enough to say here that the merits of the article fully bore out the reputation of the author-physician.

Election of officers resulted in the choice for president of Dr. Geo. L. Cole; vice-president, Dr. Utley; secretary, Dr. D. A. McCarty, treasurer, Dr. Ferbert.

Medical Societiy Organized.

REDLANDS, Jan. 6.—The regular physicians in this city have formed an organization to be known as the Redlands Medical Society. Meetings are to be held twice a month, at which papers will be presented and questions of medicine and surgery will be discussed. The following officers have been chosen for the first term: Dr. Hoel Tyler, president; Dr. S. Y. Wynne, vice-president; Dr. G. S. Moseley, secretary and treasurer. The meetings will be held in the afternoon of the first and third Wednesdays of each month.

Delta Chapter, Phi Rho Sigma.

The Greek letter medical fraternity Phi Rho Sigma of the Los Angeles Medical College, U. S. C., held their regular fall initiation at the parlors of Hotel Westminster Saturday evening, December 16th, the following gentlemen being initiated into the mysteries of

the order: Dr. Joseph Kurtz, Dr. A. W. Vanneman, T. F. Brown H. G. McNeil, R. E. Chase, F. L. Norton, N. T. Fitz, T. R. Eikenbary, N. C. Bledsoe.

After the initiation a banquet was served at the hotel and numerous toasts were responded to. The one which brought forth tremendous applause was Dr. J. Kurtz's version on how it felt to "ride the goat."

Covers were laid for forty and a thoroughly enjoyable evening spent.

Editorial Notes.

Dr. W. Jarvis Barlow, in writing from Nice says: "In sending an article for the 'Southern California Practitioner', I have tried to have this paper type-written but will you believe that I have been unable in Nice to obtain a typewriter or see a machine, however, I trust my writing will be sufficiently plain and I hope you will correct errors in the proof.

"I have always heard much in favor of the climate of the Riviera but our experience of it has been quite to the contrary. The ten days at Cannes were clear, warm and sunny, very like our Southern California weather but certainly more enervating. Ten days already at Nice have proved rather disagreeable with little clear weather, damp and sudden changes, to my mind decidedly enervating near the coast, so that I think we will, in a couple of weeks, push on to Italy."

Notwithstanding the great loss which the J. B. Lippincott Company sustained in the destruction by fire of their entire plant, except perhaps the plates, the en-

ergy which they have shown is remarkable.

They at once secured the building 624 Chestnut street, Philadelphia, where they have furnished handsome offices, their entire clerical force being actively at work.

Arrangements are also being made for a new manufacturing building, to be occupied during the re-construction, on a thoroughly modern scale, of the premises they formerly occupied.

New supplies of the latest types are being purchased, and the standard of taste and excellence for which the Lippincott books have been famous will be maintained and developed.

Early in the coming year they hope to have ready a full stock of their important books, and they are always open for the consideration of manuscript.

We have received the following letter from F. W. Braun & Co.:

LOS ANGELES, Cal., Jan. 10, 1900.
Southern California Practitioner,
City.

Dear Sirs:—If you know of a competent physician who desires a good location in a country town where there is a chance of having a fairly good practice from the start, please refer him to us. Only a thoroughly competent, sober, careful man wanted.

Awaiting your kind attention, we remain,

Yours truly,
F. W. BRAUN & CO.

Communications may be addressed to this office, 1414 So. Hope St., Los Angeles.

REPRINTS.

We print here a schedule of prices for reprints when ordered from the printers. Orders should be made when mss. is sent in.

100 copies, 2 pages	\$1.00
100 copies, 4 pages	1.50
100 copies, 8 pages	2.00
100 copies, 12 pages	2.75
100 copies, 16 pages	3.50
Covers, 75 cents per 100 copies.	
Additional copies over 1st 100 at lower rates.	

INDEX TO ADVERTISERS.

The Practitioner starts the year 1900 with an augmented subscription list and a very satisfactory advertising clientele. Below appears a list of our advertisers for 1900, alphabetically arranged:

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You are safe in giving these firms your business. Mention the Practitioner when you write them.

The prevalence of smallpox among the American troops in the Phillipines is alleged to be due to the fact that the regiments engaged there were principally recruited in the Western States, where the regulations in regard to vaccination are laxly enforced. Authorities on the subject insist on the necessity of making soldiers, and others liable to infection, immune by repeated vaccination. As to the fear of syphilis or some other complaint being communicated by the employment of impure matter, the advice of Surgeon-General Wyman is quoted: "Use nothing but glycerinized lymph."

REDUCTION IN THE PRICE OF THE PRACTITIONER TO \$1.00 PER YEAR.

This is the age of advancement along all lines. In accord with this spirit of progress we announce to our readers that the price of the Practitioner will hereafter be \$1 per year in advance. The number of pages will be the same and the high standard of excellence will be maintained.

We take great pleasure in noting that Dr. N. H. Morrisson of Los Ange-

les, who has been for years the surgeon of the Santa Fe-Pacific in Southern California, has recently been appointed chief surgeon of the Santa Fe-Pacific, his duties extending from Albuquerque to San Francisco. This is an instance of genuine civil service.

Mr. J. F. Coe, representing Keasbey & Mattison, is in Los Angeles on a business trip.

County Medical Society.

The Riverside County Medical Association has been in session today in Odd Fellows' hall. Dr. J. C. King of Banning presided over the session.

Papers were presented by Doctor King, Doctor McCarthy of Corona and Doctors Baird, Bellows and Gundrum of Riverside. Doctor Perry of Pomona and Doctor Clarke of Riverside are also on the program for this afternoon.

Officers were elected as follows:

President—Doctor McCarthy of Corona.

Vice-President—Doctor Ellis of Elsinore.

Secretary-Treasurer—Doctor Parker of Riverside.

Board of Censors—Doctors King, Dickson, Maybee and Gundrum.

BOOK REVIEWS

THE APISTOPHILON, A Nemesis of Faith.
By Frank D. Bullard, A. M., M. D. Chicago, R. R. Donnelly and Sons, 1899. Price in beautiful binding, \$1.50.

It was our intention to write a review of this work, the author of which is a well known Los Angeles practitioner, President of the Los Angeles County Medical Association and Professor of Chemistry in the Medical College of the University of Southern California, but the Los Angeles Sunday Herald has the following appreciative review as its leading editorial:

"A NOBLE POEM."

"Let us hope that the foreshortening effect due to proximity or improper focus will not cause the people of Southern California to undervalue a local poet who has recently made his first venture in book form. We refer to Dr. F. D. Bullard of this city and to his poem, 'The Apostrophion.' A beautifully printed little volume of something over a hundred pages, just issued from the press of R. R. Donnelly & Sons Company, Chicago, gives an appropriate set-

ting to the poem. It is not so long as the bald statement of pages would imply. Including the prologue and the epilogue there are only 147 stanzas of four lines each. These are set in open style, never exceeding three stanzas to a page and the author has adopted the novel plan of introducing a page of notes opposite each page of original matter.

"The work, altogether, shows the most thorough research, the most careful thought and the most painstaking polish. It is, in fact, a noble poem—simple in diction but great in philosophy and sounding the highest and lowest notes of religious inquiry. Nearly every intelligent man who has allowed himself any latitude in such matters has experienced at one time or another the stages of belief, doubt, inquiry and disbelief which the poet sets forth. The wherefore of today, the whither of tomorrow, are problems which always have perplexed the human mind and will probably continue to perplex it to

the end of time. Dr. Bullard's poem is intended for a presentation of these various stages of intellectual and moral development, as indicated in his prologue:

Then firmly treads the self-sufficient youth,
Sure he knows all, that all his thoughts are
truth,

Firm in his belief that he is orthodox,
—That blissful fallacy of faith, forsooth!

Then comes the man that trusts the wider
hope,

Who tries to give his faith a broader scope,
Who puts a mystic meaning to his creed,
And years for light and in the dark doth
grope.

Last walks with care he of the riper age,
Who studies life not from the printed page,
But cons the lessons taught in Nature's school,
For Wisdom is the Mecca of the sage.

The Disbeliever, Doubter, Devotee,
The Boy from all such quests and questions
free—

Are all myself, and oft in argument
I hear them in the halls of Memory.

"The poem takes the form of a discussion between three characters, the Devotee, the Doubter, and the Disbeliever. Without attempting to follow the thread of the argument, it is sufficient to say that each character argues his case well. The strongest reasons for belief, as set forth in theological writings, are given, as well as the strongest reasons of the agnostic. In this respect the poet is impartial, and the reader is left in doubt as to which position he reaches for his conclusion. Perhaps his purpose is to leave each reader to decide for himself, which is only a graceful acceptance of the inevitable. That any decision which may be reached is inherent in the man himself and that absolute truth for the acceptance of all men is out of the question is clearly intimated in the epilogue:

So long I parry arguments with skill,
And pros and cons consider at my will.
The great Enigma that e'er racks the brain
Cannot be solved by man, until—until?

"The reader as he lays down the book will find no difficulty in supplying the missing word—it is Eternity.

"In this poem there is a strong sug-

gestion of Omar Khayyam, principally because the meter is the same as that of Fitzgerald's translation of the Oriental poet and philosopher. But Omar Khayyam sounded a single note of the ancient agnosticism. Dr. Bullard gives a full chord of inquiry, doubt and disbelief attuned to the ears of a Christian, a highly intellectual and a hopeful age. In one there is the pessimism of the Orient, in the other the optimism of the Occident.

"Dr. Bullard's poem is not of a kind that is likely to flash into immediate prominence and popularity, but we incline to the opinion that it will stand the test of time and may some day find the appreciation which it merits."

ESSENTIALS OF PHYSICAL DIAGNOSIS OF THE THORAX. By Arthur M. Cowin, A. M., M. D., Instructor of Physical Diagnosis in Rush Medical College, etc. Third edition, Revised and Enlarged. Philadelphia: W. B. Saunders, 225 Walnut St. Price \$1.25.

This is a very useful little work and we commend it to all practitioners while it is particularly valuable to the medical student.

THE URINE AND THE CLINICAL CHEMISTRY OF THE GASTRIC CONTENTS THE COMMON POISONS AND MILK. By J. W. Holland, M. D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College of Philadelphia. Sixth Edition Revised and Enlarged. 12mo, Forty-one Illustrations. Price \$1.00 net. Cloth, P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa.

This volume while containing 65 pages devoted to examination of urine is of especial interest owing to the chapter on examination of contents of the stomach. The examination of the gastric contents is becoming a necessity to the general practitioner and here we have the best methods carefully explained.

PROGRESSIVE MEDICINE—VOLUME IV. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical Col-

lege of Philadelphia. Octavo, handsomely bound in cloth, 398 pages, 51 engravings and 5 plates. Lea Brothers & Co., Philadelphia and New York.

This volume presents the following carefully prepared and valuable papers:

Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum. By Charles G. Stockton, M. D.

Genito-Urinary Diseases in the Male, and Syphilis. By William T. Belfield, M. D.

Fractures, Dislocations, Amputations, Surgery of the Extremities, and Orthopedics. By Joseph C. Bloodgood, M. D.

Diseases of the Kidneys. By John Rose Bradford, M. D., F. R. C. P.

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Anatomy. By Frederic H. Gerish, M.D.

Hygiene. By Henry B. Baker, M. D.

Practical Therapeutic Referendum. By E. Q. Thornton, M. D.

This closes the first year's issue of this work. These four volumes make at a comparatively slight expense a most useful addition to the physician's library.

AN AMERICAN TEXT-BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS.—

By Phineas S. O'Connor, M. D., Frederic S. Dennis, M. D., William W. Keen, M. D., Charles B. Nancrede, M. D., Roswell Park, M. D., Lewis L. Pilcher, M. D., Nicholas Senn, M. D., J. Collins Warren, M. D. and J. William White, M. D. Edited by William W. Keen, M. D., LL. D., and J. William White, M. D., Ph. D. Third Edition. Thoroughly Revised. W. B. Saunders, Publisher, Philadelphia. Large 8vo. pp. 1228. Cloth \$7.00, sheep or half morocco, \$8.00, net; 1899.

This excellent work, proved to be so by the exhaustion of two editions and the sale of 29,000 copies, appears in a third edition, thoroughly revised, with the introduction of new matter and the omission of parts devoted in former editions to the specialties of the eye and ear, since special volumes are devoted to these subjects. The additions are devoted to Orrho (or Serum) Therapy; Leucocytosis; Post-Operative Insanity; The Use of Dry Heat at High Temper-

atures; Kroulein's Method of Locating the Cerebral Fissures; Hoffa's and Lorenz's Operation for Congenital Dislocation of the Hip; Allis' Researches on Dislocations of the Hip-Joint; Lumbar Puncture; the Forcible Reposition of the Spine in Pott's Disease; the Treatment of Ophthalmic Goitre; the Surgery of Typhoid Fever; Gastrotomy and Other Operations on the Stomach; Several New Methods of Operating on the Intestines; the Use of Kelly's Rectal Specula; the Surgery of the Ureter; Schleich's Infiltration Method and the Use of Eucaïne for Local Anaesthesia; Kraus' Method of Skin-Grafting; the New Methods of Disinfecting the Hands; the Use of Gloves, etc. The sections on Appendicitis, Fractures and Gynecological Operations have been revised and enlarged, and many other changes and improvements have been introduced throughout the book. New illustrations plain and colored, have been added, all of which go to show that the editors have spared no labor to enhance the value of the work.

This is an excellent working manual—just the book for the practitioner to refresh his mind with before beginning an operation. America (which means the world) has no safer advisor in surgery and no more lucid teacher than W. W. Keen, and J. William White is a close second.

LEA'S SERIES OF POCKET TEXT-BOOKS.—

The volumes in this series will hereafter be bound in red cloth, heavy beveled edge boards and also in flexible red leather with round corners and with margins trimmed to facilitate carrying in the pocket. The leather bound books will cost 50 cents more than the cloth bound.

CHRISTIAN SCIENCE.—E. B. Treat & Co., New York, say: "We are about to issue a timely book under the title of 'Christian Science, an Exposition of Mrs. Eddy's Wonderful Discovery; a Plea for Children and Other Helpless Sick.' By William A. Purrington, A. B., LL.M.; Lecturer in the University and Bellevue Hospital Medical College (N. Y.) upon Law in Relation to Medical Practice, etc. The book will be bound in cloth, price \$1.00."

OPERATIVE SURGERY.—By Joseph D. Bryant, M. D., Professor of the Principles and Practice of Surgery, University and Bellevue Hospital Medical College. Third Edition. Volume I. 8vo. 587 pages. With 749 Illustrations, 50 of which are in Color. Sold by Subscription. Price \$5.00, cloth New York: D. Appleton & Company. 1899.

This work has been entirely re-written, re-arranged and re-set, and so much enlarged that it has become necessary to divide it into two volumes. Many new illustrations, several in color, have been added, and the work as it now stands takes the highest rank. It is, in fact, remarkable in its excellence. Volume I. is devoted to The General Principles of Surgery; Antiseptics; The Control of Hemorrhage; The Treatment of Operation Wounds; The Ligature of Arteries; Operations on Veins, Capillaries, the Nervous System, Tendons, Ligaments, Fasciae, Muscles, Bursae, and Bones; Amputations, Deformities, and Plastic Surgery.

We congratulate the publishers on their good judgment in issuing this work in two volumes. We could name houses that show a tendency to send out too many bulky volumes. For an occasional reference a large book is all right, but for a work of daily use the thick volume is unhandy and, what is more serious, soon shows a tendency to fall to pieces. This work emanating as it does from the study and experience of one man eminent in surgery, gives the surgeon a reliable and valuable work for daily consultation. We would especially call attention to the chapter on the Nervous System. No practitioner will ever regret his investment if he places this work upon his library shelves.

New Licentiates.

San Francisco, Dec. 5, 1899.

At a meeting of the Board of Examiners of the Medical Society State of California, held on the above date, the following Certificates were granted:

5405 Bellows, George E., Riverside, Coll. of Phys. and Surg., N. J., May 12, 1885.

- 5406 Ben. J. Andrew, Santa Ana, Coll. Med. Univ. Nebraska, Mar. 19, 1885.
- 5407 Burns, Arthur, San Francisco, Bellevue Hospital College N. Y., Mar. 1, 1871.
- 5408 Burroughs, Joseph B., Randsburg, Med. Coll. Syracuse Univ. N. Y. June 9, 1881.
- 5409 Clark, Daniel G., Stayton, Med. Dept. Willamette Univ. Oregon, April, 1, 1899.
- 5410 Dumas, Michael O., Washington, D. C. Med. Dept. Howard Univ. D. C. April 19, 1895.
- 5411 Elkin, Samuel James, Emerson, Manitoba Univ. of Manitoba, Canada, April 20, 1894.
- 5412 Foster, John Watt, Pasadena, Medico-Chirurg Coll. Penn., April 16, 1891.
- 5413 Gillihan, Allan Francis, San Francisco, Med. Dept. Univ. California, May 16, 1899.
- 5414 Holladay, Fredrick Short, Los Gatos, Detroit Coll. of Med. Detroit, Mich., May 11, 1899.
- 5415 Hopkins, Silas Wilson, San Jose, Louisville Medical College, Ky., Feb. 27, 1879.
- 5416 Hutchinson, Randall, Los Angeles, Med. Dept. Univ. Pennsylvania, May 2, 1887.
- 5417 Koenig, T. T., Bakersfield, Kentucky School of Med., Ky., June, 1892.
- 5418 Mackenzie, Edward E., San Francisco, Univ. Maryland Med. School. Mar. 14, 1884.
- 5419 Mayo, H. N., San Francisco, Baltimore Med. Coll. Md., April, 1895.
Dec. 6, 1899, No. 2.
- 5420 McArdle, Robert F., Los Angeles, Royal Coll. Surg. Ireland, July 14, 1884. Royal Coll. Phys. Ed. Scotland, June 2, 1887.
- 5421 Miller, R. A., Sebastopol, Galveston Med. Coll. Texas, March 2, 1871.
- 5422 Parks, Gilbert F., Orland, Detroit Coll. Med. Mich., March 23, 1886.
- 5423 Reyber, Ernst L., Los Angeles, Med. Dept. Grant Univ. Tenn., Mar. 17, 1896.
- 5424 Richter, Louise M., Los Angeles, Med. Dept. N. W. Univ. Ill., June 13, 1895.
- 5425 Sutcliffe, Henry Harcourt, Santa Rosa, Med. Dept. Univ. Oregon, April 5, 1897.
- 5426 Upton, William E., Napa, Fort Wayne Coll. Med. Ind., March 7, 1893.
- 5427 Vanneman, Albert Walter, Los Angeles, Jefferson Med. Coll. Penn., May 14, 1897.
- 5428 Worthley, Asa H., Roseville, N. W. Med. Coll. St. Joseph Mo., Feb. 20, 1893.
CHAS. C. WADSWORTH, Secy.
- 1104 Van Ness Ave.
Office Board of Examiners Med. Soc. State of California, 1104 Van Ness Ave., San Francisco, Cal., Jan. 2nd, 1900.
- The following certificates to practice medicine and surgery in this State were granted on the above date:
- 5429 Apple, Wm. W., Los Angeles, Hosp. Coll. Med., Louisville, Ky., June 21, '92.
- 5430 Beadles, E. St. Clair, San Diego, Louisville, Ky., Feb. 25, '86, Bellevue Hosp. Med. Coll., N. Y., Mar. 14, '87.

- 5431 Bertholdt, Frederick W., San Francisco, Med. Dept. Univ. of Tübingen, Germany, Mar. 23, '95.
- 5432 Black, Howard, Palo Alto, Starling Med. Coll. Ohio, Mar. 26, 1896.
- 5433 Cable, Geo. A., San Francisco, Med. Dep. Univ. Worcester, Ohio, Feb. 27, 1873.
- 5434 Cole, Jas. H., Leadville, Colo., Columbus Med. Coll., Ohio, Apr. 4, 1889.
- 5435 Crawford, Wesley L., Los Angeles, Baltimore, Med. Coll., Md., Apr. 13, 1897.
- 5436 Cutton, Lewyn F., Borerain, Man. Canada, Trinity College, Toronto, Canada, Apr. 13, 1886.
- 5437 Daniel, Jos. W., Los Angeles, Med. Dep. Univ. Toulaine, La., Mar. 14, 1873.
- 5438 Dodds, John H., Burlington, Vt., Med. Dep. Univ. of Vermont, Vt., June 30, 1898.
- 5439 Doherty, Stewart McL., Fortunia, Med. Dep. Univ. of Michigan, Mich., June 30, 1892.
- 5440 Edwards, H. C., Cass City, Med. Dept. Univ. Mich., Mich., June 30, 1892.
- 5441 Findley, Park A., San Francisco, Coll. Phys. & Surg., Des Moines, Iowa, Mar. 12, 1895.
- 5442 Graham, Lyle, San Francisco, Gross Medical College, Colo., Apr. 8, 1898.
- 5443 Hildebrand, Marcus C., Cascomme, Med. Dep. U. S. Grant Univ., Tenn., Mar. 23, 1897.
- 5444 Hisom, Helen T., Redlands, Med. Dep. Univ. of Ills., Champaign, Ill., Apr. 19, 1899.
- 5445 Holden, Joseph M., Long Beach, Coll. Med. Univ. Southern California, June 16, 1899.
- 5446 Houlett, Thos., San Francisco, Coll. Phys. & Surg., Baltimore, Md., Apr. 15, 1897.
- 5447 Jackson, Craven, Los Angeles, Jefferson Med. Coll., Pa., Mar. 7, 1868.
- 5448 Jackson, J. Addison, Barre, Vt., Med. Dep. Univ. of Vermont, Vt., June 29, 1899.
- 5449 Johnson, Asa M., Los Angeles, Med. Dep. Univ. of Minn., Minn., June 4, 1896.
- 5450 Jullan, Alpheas H., Janesville, Cooper Medical College, Cal., Dec. 8, 1896.
- 5451 Kloeber, John S., Seattle, Wash., Med. Dep. Univ. of Maryland, Md., Mar. 17, 1899.
- 5452 Lee, Benj. Brooks, San Francisco, Med. Coll. of South Carolina, S. C., Mar. 4, 1880.
- 5453 Lillard, John W., Sacramento, McHarry School of Med. Central Tenn., Tenn., Feb. 24, 1888.
- 5454 Lyman, William A., Burlington, Vt., Med. Dep. Univ. of Vermont, Vt., June 16, 1894.
- 5455 Maginnity, Joseph A., San Francisco, Louisville Med. Coll., Ky., Feb. 28, 1873.
- 5456 McCoy, Gaylord, Beaumont, Coll. Med. Univ. Southern Cal., Cal., June 16, 1899.
- 5457 McKibbin, Rupert E., Stereston, B. C., Med. Dep. Univ. of Toronto, Canada, June 11, 1897.
- 5458 Moore, Edwin E., Lien Certificate, Lincoln, Chicago Med. Coll., Ills., Mar. 5, 1878.
- 5459 Mosgrove, Anna M., San Francisco, Cooper Medical College, Cal. Aug. 22, 1899.
- 5460 Mulcahan, M. V., Santa Rosa, Coll., Phys. & Surg., Ontario, Canada, Oct. 29, 1889.
- 5461 Pease, Alfred A., Burlington, Vt., Med. Dep. Univ. of Vermont, Vt., June 29, 1899.
- 5462 Robins, Joseph E., Claremont, W. Va., Jefferson Med. Coll., Pa., Apr. 2, 1883.
- 5463 Russell, Tracy G., San Francisco, Coll. Phys. & Surg., N. Y., June 7, 1899.
- 5464 Schug, Frederick J., Tacoma, Wash., Columbus Med. Coll., Ohio, Feb. 29, 1876.
- 5465 Schutz, M. A., Long Beach, Coll. Med. Univ. Southern California, Cal., June 16, 1899.
- 5466 Seeber, C. W., Los Angeles, Missouri Med. Coll., Mo., Mar. 6, 1872.
- 5467 Stone, Bingham H., Burlington, Vt., Med. Dep. Univ. of Vermont, Vt., June 29, 1899.
- 5468 Teed, Edward L., Lisle, N. Y., Long Island, Coll. Hosp., N. Y., June 2, 1886.
- 5469 Tinsman, Charles M., Napa, Coll. Phys. & Surg., Keokuk, Iowa, Mar. 15, 1898.
- 5470 Wilborn, J. Auburn, New York, Dartmouth Med. Coll., N. H., Nov. 24, 1896.
- 5471 Wightman, Emma, San Francisco, Med. Dep. Univ. of Cal., Cal., May 16, 1899.

CHARLES C. WADSWORTH, M. D.,
Secretary.

COMPETITION FOR THE AMERICAN MEDICAL ASSOCIATION MEDAL.—At the meeting of the American Medical Association, held June 4, 1897, it was resolved to restore the former policy of the Association in favor of offering annually a gold medal for meritorious scientific work. The committee for this year, consisting of Drs. George M. Gould of Philadelphia, E. Fletcher Ingals of Chicago, and T. W. Huntington of Sacramento, Cal., desires to direct attention to the following rules governing the competition:

1. The medal shall contain the seal of the United States or a seal of the Association, to be hereafter designed, on one side and an Esculapian staff on the

other, together with the name of the recipient and suitable inscriptions.

2. The commercial value of the medal shall be \$100.

3. A standing committee on prize medals, consisting of three members of the Association, shall be elected by the Business Committee as follows: One for one year, one for two years and one for three years, and thereafter one to be elected yearly to hold office until in either case his successor has been duly elected. In no case shall a member of the Business Committee hold a place on the Committee on Prize Medals.

4. The competing essays shall be typewritten or printed and shall bear no mark revealing their authorship; but instead of the name of the author, there shall appear on each essay a motto, and accompanying each essay shall be a sealed envelope containing the name of the author and bearing on its outer surface the motto of identification. No envelope is to be opened by the Committee until a decision has been reached as to the most deserving essay, and the other essays have been returned to their respective owners. The Committee shall have authority to reject and return all essays in case none have been found worthy of the Association medal. Competing essays must be in the hands of the Committee not later than March 1, 1900. For further information address any member thereof.

DISINFECTION OF THE HANDS.—

Dr. R. F. Weir, in an article under the above heading concludes that corrosive sublimate solutions are unreliable. He claims the most perfect disinfection by the following, in the order named: Nascent chlorine, alcohol, potassium permanganate. Of these the chlorine treatment is least hurtful to the hands, alcohol the most trying. He gives the following method of procedure in disinfection with nascent chlorine. After the usual scrubbing with soap and water

and the use of green soap and cleansing of the peri-ungual spaces, one or more large crystals of carbonate of sodium (washing soda) are then taken in the hand and covered with about a teaspoonful of bleaching powder (chlorinated lime), and enough water added to make a thin paste, which at first feels warm, and from which fresh chlorine gas comes. This is rubbed for a few minutes over the hands, nails and forearms until a creamy paste is formed, or until the sodic crystals impart a cool sensation, or until rough grains of bleaching powder have almost disappeared when the hands are washed in sterile water.—Ex. _____

YELLOW FEVER.—New cases of fever continue to be reported from Miami and Key West, but in other places in the South the epidemic has been extinguished by the frost. The embargo against the infected places has been raised, and interference with commerce and travel is at an end. The record of the epidemic at Jackson, Miss., is 60 cases and 11 deaths. At Key West there has been a total of 1260 cases and 62 deaths up to November 3. In Miami, Fla., 10 new cases were reported for November 2 and 3. A man died of yellow fever on board the United States transport "Kilpatrick," which arrived at New York November 15 from Havana. The yellow fever statistics of Havana for October show that at the beginning of the month there were in the hospitals 12 patients who had been attacked by the disease in September. The new cases in October numbered 63—deaths 25, recovered 26, under treatment 24; Spanish cases 36, deaths 15; American cases 20, deaths 9. The total number of deaths for the year is 63. October was the worst month. The disease is now decreasing. Dr. Herman Parker, Surgeon of the Marine Hospital Service, stationed at Santiago, reported on November 4 that there had been no cases of yellow fever in that city for three weeks.

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NO. 2

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ORIGINAL.

FROM MIRACLES TO MEDICINE.*

BY FRANK. D. BULLARD, A. M., M. D., PROFESSOR OF CHEMISTRY, MEDICAL DEPARTMENT, UNIVERSITY OF SOUTHERN CALIFORNIA.

The mystery of human suffering is the theme of that grand old poem—the drama of Job. The unknown author of this masterpiece offers several solutions for this mystery—only to reject them all. He denies that suffering is intended as a test of character, a judgment for sin, or a call to repentance. He does not paint the Deity as a God of Judgment, but regards Him as the Soul of External Nature, and, just as it is impossible to explain the simplest phenomena of every day life, so the darker enigma of human suffering remains unfathomed. Though the problem of the poem is insoluble, the bold faith of Job is commended; the faith that dares ask of

Nature the cause of its affliction. We, as a profession, are like Job in this respect, we do not, (as did Eliphaz and Job's other friends,) bow in servile adoration, but rather appeal against the justice of Nature's visitation, and would wrench from her the secrets of life, death and disease. No longer does diphtheria choke the life of innocent childhood, sent as a dispensation of Providence to soften the hard hearts of sinful and rebellious parents, no longer do we appeal to an angry God to turn aside the plague from our loved ones, but rather we destroy the pestilent germs with formaldehyde gas, and, using Nature's own laboratory, form an anti-

*Presidential address read before the Los Angeles County Medical Association, January 5, 1900.

dote to one of her most virulent poisons, and neutralize the toxins of the Klebs-Loeffler bacilli by the might of the diphtheria anti-toxin. This important victory won by man over the maligned forces of Nature is but a skirmish in the war upon bacteriological diseases. Mankind is slowly working out his sanitary salvation in scientific laboratories, provided the hysterical perverts, those pseudo-scientific degenerates, the antivivisectionists, allow physicians to use the lower orders of Nature for the benefit of the higher. But it is not strange that one who would fondle a poodle in preference to a baby would put the happiness of a rabbit warren above the welfare of humanity.

Man has not always held the high standard of Job's philosophy, and between the heights of ancient and modern wisdom, there are deep valleys of superstition. In those valleys and even far up the mountains of civilization there is always present the belief in the supernatural origin and cure of disease. This doctrine is present in all the early religions, in all the lower tribes of today, and among many people in enlightened communities. It appears in a two-fold form; that disease is due either to the wrath of an offended Deity, or to the malice of an Evil Power. The earlier of these beliefs is the attribution of misfortune to the anger of a God. Hence it is that, in the evolution of the idea of God, the farther back we obtain the record of a people the more savage is their conception of the Deity. Later, when the idea of a benign Being is evolved, an evil personage is imagined to account for the presence of sorrow in the world. Satan is thus the child of suffering, rather than the author of sin, and like the other myths of man's infancy has, through the teachings of science, passed into "innocuous desuetude."

Homer in the *Iliad* pictures Apollo, angry on account of Agammemnon's irreverence to his priest, as heaping the shores with copious death, so

"A dreadful plague ensues, the avenging darts

Incessant fly, and pierce the Grecian hearts."

A most curious instance of the attribution of an epidemic to an offended Deity is found in the 11th Chapter of Numbers. It seems that the Israelites, when a nomadic tribe wandering through the Arabian peninsula and subsisting largely on vegetable diet, chanced on a large flock of quail, and, gorging themselves with unusual food, died in large numbers. So dreadful a calamity must be accounted for somehow, accordingly the writer voices the then prevalent theory of an angry Jehovah in a tale as curious as it is marvelous, and valuable to us as it gives us a clear picture of the anthropomorphic god they worshipped.

According to this legend the Israelites had become exceedingly tired of the monotonous menu of manna and sighed for the flesh and fish of Egypt, for the melons, and, so deep was their desperation, they even wept for onions and garlic. So loud were their complaints that even the meek Moses rebelled, and entreated the Lord to kill him outright, rather than compel him to listen to the constant grumbings of a discontented people. Jehovah peevishly consented to send the people meat in the following ungracious words: "Ye shall not eat one day, nor two days, nor five days, neither ten days, nor twenty days; but even a whole month, until it come out of your nostril, and be loathsome to you." And, like a spoiled child, He acknowledged that his motive was resentment "because that ye have despised the Lord."

Accordingly He sent a huge flock of quail so great that the Israelites gathered over thirty million bushels of them from the piles that fell over a yard deep for miles on each side of their camp. It also seems from this legend that while the flesh was in the eager mouths of the Israelites "ere it was chewed," "the wrath of the Lord was kindled against

the people and the Lord smote the people with a very great plague" and that, too, in spite of the fact that he had just promised to give the people a meat diet galore. From this picture we see the Israelites then worshipped a mendacious, cruel monster, and, it is evident that this event occurred before the birth of the idea of Satan, for in medieval times this plague would have been attributed to the malice of the devil.

The leprosy of Miriam, the dysentery of Jehoram, the withered hand of Jeroboam, the plague following the census by David, the death of Ananias and Sapphira are in the Bible all assigned to the anger of the Deity.

From Egypt, from India and China, from Chaldea and Assyria, and from ancient Greece there comes the idea of an occult evil agency in the production of bodily ills. This idea is crystallized for us in language in such terms as catalepsy and epilepsy, intimating the possession of the human body by an extraneous demon. But, from the marvelous Greek mind—in the height of its wondrous bloom in the days of Pericles five centuries before the Christian era—there also comes the scientific truth as voiced by the immortal Hippocrates that all disease, insanity included, is due to natural causes.

Most unfortunately for the world in the downfall of the Greek Republic there was lost for ages this great discovery of its philosopher physician. So, when the great religion of Christianity was born on earth, it found firmly rooted the belief in the supernatural origin of disease. There had at that time been evolved the idea of Satan, so all diseases, more especially mental disturbances, were assigned to demoniacal influences. Diabolism was as fixed in the popular mind as was the idea of the flatness of the earth. Jesus himself believed in diabolical possession and in the existence of and the malignancy of Satan, as when for instance, he speaks of the woman,

(bowed down by hysterical contracture,) as "bound by Satan, lo, these eighteen years." Jesus besides being a great moral teacher was a wonder worker, and it is in the role of a marvelous healer that he is of especial interest to the physician. It seems both natural and probable that he did effect cures. Not exactly in the manner described in the gospel perhaps, but it seems entirely rational to presume that there must have been a basis upon which to rest the gospel stories. This, however, must be taken into account; that these wonders occurred in times when there was but little or no knowledge of natural laws, when there was little care for scientific evidence, when there were but few, if any, capable of intelligently observing phenomena, when unquestioning faith was of greater merit than patient investigation, when the only recognized source of disease was the supernatural, and lastly these events occurred among people of high suggestibility. The writers of the gospel and the Christian fathers wrote as they believed, and we have a transcript of their interpretation of the phenomena witnessed, plus the inevitable oral tradition. Some of their descriptions are simple and accurate, as when Luke tersely pictures the epileptic child as falling into the fire or water and wallowing foaming. Luke even mentions the initial cry so diagnostic of epilepsy, only he does not call the trouble epilepsy, but denominates it in the language of his day "a deaf and dumb spirit."

In another instance there has been added much myth and legend to the actual occurrence, as is in Matthew's story of the legion of devils that caused a stampede of 2000 swine into the sea. There may have been a few pigs scared into committing suicide, the poor lunatics undoubtedly did tell their delusion of being possessed of myriads of demons, but the untruthful part of the story is the permission on the part of Jesus granted to the devils to enter the swine. The motive of the legend—to show his

power over the demons that cause disease—stamps the story as a fabrication. The more marvelous the deed, the greater the glory to the actor, and hence the simple calming of a maniac by the Great Physician, has been magnified by Matthew into the exorcism of a host of devils. But it is not wonderful that in the warm atmosphere of love and devotion that surrounds the character of Jesus there should grow a luxuriant harvest of myths. To cull the wheat of truth from the weeds of tradition, to show very briefly what the magnetic and magnificent Gallilean really did do in his so-called miracles of healing is a task worthy a nobler pen than mine. But he that walks the path from miracles to medicine must go through the vale of investigation, so we must briefly consider the miracles of Jesus from a medical standpoint.

There are five instances of curing of the blind. In two cases Jesus followed the ancient custom of anointing the eyes, in two, especial mention is made of the faith of the afflicted, and once we are informed that the blind man was possessed with a devil. The use of spittle has long been regarded as almost a specific in ophthalmia. According to Tacitus, a man in Alexandria, known to be blind, cast himself at the feet of Emperor Vespasian beseeching him to cure him. Vespasian spit upon his eyes, and the man's sight was restored.

One of the miracles of healing of the blind bears internal evidence of its truth. Jesus took the blind man aside, spat upon his eyes, and asked him if he saw aught. "I see men as trees walking," replied the man. On repetition of the procedure the man saw clearly. Evidently some obstruction was dislodged partially at first and completely later. In the case of the man born blind that washed in the pool of Siloam, there is a similar proceeding. But John is in error in the statement that the man was born blind. It is a well known fact that adults operated upon for congenital cat-

aract have great difficulty in learning to distinguish objects by sight, and are very slow in learning to estimate distances and the comparative size of objects. John evidently believed the fable of the healing power of the pool of Bethesda mentioned in another chapter. Any writer that puts credence in so silly a tale as that, would be only too glad to accept legends tending to increase the glory of a beloved Master. Hence, not only the curing of the blind but the healing of one born blind is recorded, but there is no mention of the difficulties that would certainly have arisen had it been possible to have suddenly dissolved a congenital cataract. The man born blind has not the brain to appreciate even if given an eye to see.

In one instance the blind man was also possessed with a devil, the scriptural formula for a nervous disorder. The blindness of such a one, as well as the two cases where great stress was laid upon the faith of the sufferers must have been functional, and their cure due to powerful suggestion. Hysterical amaurosis of one eye is not uncommon. Functional blindness of both eyes has occurred. Benj. Rush saw a man about 45, who, twelve years before, became blind without ascertainable cause, and recovered his sight equally without reason. Dr. H. Bert Ellis of this city, reported to me a case of a miner who, after a sudden and severe fright became functionally totally blind and remained so for weeks, but afterwards recovered under tonic treatment and the repeated assurance that there was no organic lesion. As soon as he had faith to see, he saw. From a medical point of view this is true of the blind whose sight was restored in biblical and legendary times.

Indeed, it is patent to the physician of today that Jesus used suggestion in nearly all his miracles. It is, however, in the so-called demoniacal possession and palsy that the use of this therapeutic measure is most clearly manifest. There are five cases of diabolism mentioned,

one dumb demoniac, one blind and dumb demoniac, the legion of devils, the demoniac in the Synagogue, and the demoniac child. In two cases, at least, the victims were aware of the reputation of Jesus, for they immediately called out on seeing him: "Art Thou come to torment us before the time? What have we to do with Thee, Thou Son of the Living God"? You must bear in mind that the testimony of the devils was considered very important evidence in those times. Accordingly great stress is put upon their ravings. To us as physicians they are no longer proofs of the divinity of Christ, but insane delusions, and nothing but interesting nervous phenomena.

There are four cases diagnosed palsy: The old neurasthenic at the pool of Bethesda, the man let down through the roof, (whose bearers were so commended for their faith,) the man with the withered hand, and the Centurion's servant, who received what our Christian Science friends would call the absent treatment.

The impotent man had faith in the miraculous, else he would not have been among the blind, the halt and the withered waiting for the angel to trouble the waters. He was in the mood to yield to suggestion. He was an old chronic, ready to do anything, and the firm assurance of Jesus aroused his feeble will power, he was made whole, took up his bed and walked. The man with the withered hand was first made the subject of a talk on the lawfulness of doing good on the Sabbath day, and then bidden to stretch forth his hand. His faith had been aroused by the suggestive remarks, so he quickly yielded to the direct command. The man let down through the ceiling and the Centurion's servant lived in an atmosphere surcharged with belief, so much so that Jesus himself said, in reference to the Centurion, "Verily I say unto you, I have not found so great faith, no, not in Israel." It is evident also that the servant was a victim of hysteria. "She lieth" said the Centurion "at home sick

of the palsy, grievously tormented." The inference seems plain, she had had a hysterical fit, which was followed by a pseudo-paralysis. While her master was in search of the Great Physician she recovered, and this coincidence was regarded as an evidence of the great healing power of Jesus.

There are myriads of instances of functional paralyses, and thousands of cases of cure from the same under the influence of strong emotion or powerful suggestion, and this fact is now so well known to the laity as well as to the profession that we but need mention it to show its bearing upon the cure of diabolism and palsy.

There was one deaf man that had an impediment in his speech, who was quite elaborately treated by Jesus. He took him aside from the multitude, put his fingers in his ears, spit, touched his tongue, and looking up to Heaven, He sighed and said, "Ephphatha, that is be opened." He had some nervous impediment in his speech, he could understand either by motion of the lips, or by hearing a few words, and he had been brought to Jesus for the purpose of being healed. It was not strange that the expectant neuropath was cured. Acoustic hysteria is usually associated with great deafness, which appears suddenly and may go as suddenly. Roosa cites a case of sudden and profound deafness in a young man in perfect health while calling upon the parents of his lady love to ask her hand in marriage. Strange to say after he had a favorable answer he gradually recovered his hearing. In the same paper Roosa relates a case of deafness due to the sudden cessation of perspiration, and one due to excessive mental employment. Functional deafness is rather more common than hysterical blindness, and is usually associated with a narrowed field of vision. The blind and dumb demoniac, who immediately spake and saw was, most assuredly, a neuropath with both optic and acoustic hysteria. No wonder the multitudes were amazed, and the Pharisees ex-

claimed: "This man doth not cast out devils, but by Beelzebub the Prince of Devils." Right in this connection it may be well to notice Christ's reply: "If I by Beelzebub cast out devils, by whom do your sons cast them out"? This question besides answering the Pharisees, shows us that there were other wonder-workers besides Christ. Some of them, if we may believe scriptural authority, were quite successful, so much so, that one, Simon Magus, was called by the people the Great Power of God. Indeed, it was an age of thaumaturgists, of whom no doubt Jesus was chief.

Aphasia may be functional and sudden, both in the onset and the cure. It may be the result of strong emotions, and may be cured by the same. Squire tells of the cure of Henry Oxford, who had lost the power of articulation for four years and, after a horrible dream, he immediately regained his voice. Ogle reports six instances of loss of speech following snake bites. One of these, under the influence of strong excitement, recovered her speech. Ogle accounted for this peculiar manifestation by supposing that the poison produced a spasm of the middle cerebral arteries. Zecharias was stricken with functional aphasia which left him on the day his son John was circumcised. The tricks of aphasia are complicated and at times amusing. Seguin relates the story of a reverend old gentleman, affected with amnesia of words, who was forced to utter after the sentence, "Our Father who art in Heaven" the words "let him stay there." Had this curious anomaly occurred in ancient or medieval times, the only explanation of such a blasphemous utterance would have been demoniacal possession.

The neurasthenic woman with the issue of blood, (who had spent all her money on physicians, and was not cured but rather made the worse, a tale, alas, too familiar to us all,) was instantly cured by touching the hem of Christ's garment, because she believed she would

be cured. "Thy faith has made thee whole," was Christ's truthful verdict.

There are three reported cases of Jesus' raising the dead; but, inasmuch as in one case Jesus himself said the damsel was only asleep, it is not a violent stretch of the imagination to hold the other two were also trances. A trance is a spontaneously induced hypnotic sleep in hysterical individuals or in the incipient insane. This sleep is usually deep, it may simulate death, and may last for years. Weir Mitchell has collected 18 cases of protracted sleep. In the case of Jairus' daughter Jesus exhibited good sound sense, turned out the crowd, awoke her from her trance, and bade the people give her something to eat. The widow's son and Lazarus must have been cases of suspended animation. Such cases, though rare, have occurred within the observation of most competent witnesses. The fakirs of India have the power of sending themselves into a long trance. At Lahore, in 1837, one was buried and not dug up for six weeks after the grass sown above his grave had sprouted and become green.

There are two instances of recovery from acute fever, and one from dropsy, also two instances of recovery from what the people diagnosed leprosy. When one remembers that the natural tendency of disease, except in the most grave forms, is toward recovery, there is nothing surprising in the restoration to health of these cases, due no doubt to the buoyant hope inspired by Christ. In hysteria there are numerous skin lesions which may be grouped into three classes: erythema, including urticaria and edema, vesicular and bullous formations, with sometimes gangrene, and lastly pigmentary deposits. How easy it would be for an untrained observation to make a snap diagnosis of leprosy in what was really hysteria, can readily be imagined from the mere enumeration of these lesions. Yet all these lesions can and have been cured by mental suggestion.

One more miracle, the healing of

Malchus' ear, completes the 26 recorded miracles of Jesus. If the healing of the ear means the cessation of hemorrhage, it is entirely allowable, as the prevention of bleeding is a well known phenomenon of hypnotism. If it means the growth of a new ear it is impossible, and is one of the myths that had sprung up in loving homage to the memory of Christ. In hypnotism then we see a probable explanation of the miracles of Christ, as well as for the faith cures which have extended over many centuries, and the supposed therapeutic power of the relics of saints. The cure is in the patient's mind. The relics of Saint Rosalie at Salerno were just as effective after having been proven to be the bones of a goat, as they were before, the only requisite was that the people believed in their efficacy.

Besides the positive statement in many instances of the faith of the people who were healed, there is one important negative proof, that of failure, "In his own country he did not many mighty works, because of their unbelief." Lack of confidence was fatal to suggestion.

But what is this hypnotism that is so powerful at times, and what are the limits of the power of suggestion? These are questions more easily asked than answered. Under the conscious self that wills there is a sub-conscious existence that has a great deal to do with the condition of the cognizing ego. Poison the sensorium by autoinfection or extraneous toxins and the mood of the mind mirrors the depressing change. Not only that, but powerful emotions react upon bodily conditions, and its functions are increased or diminished according as the emotion is pleasurable or painful. So extremely potent are these mental states that physical dissolution may result therefrom. Nostalgia—just plain heart-aching homesickness—was the cause of death of several soldiers in the Spanish-American war. So also enthusiasm lends almost superhuman strength to its possessors. "They can because they

think they can," was Virgil's verdict on the victorious oarsmen. This mutual effect of the conscious self and the underlying sub-consciousness is a field of research ever interesting. In this under-self is the realm of suggestibility. Just as above the wind and storm, above the clashing din of vast cities, the invisible, intangible vibrations in wireless telegraphy are recorded by properly sensitive machines, so, that wondrous mechanism, the human brain, is attuned to respond in highly sensitive natures to stimuli incommensurable by any standard as yet known to man. Just as the almost infinitesimal particles of musk are after many years powerful enough to stimulate the olfactory nerve, so there may be aroused in the unconscious sensorium vibrations that will bring up long forgotten memories and the stimuli be so slight and evanescent that it is difficult, if not impossible, to recognize them.

Is there a mind stuff pervading the universe like the ether, and is that mind stuff capable of being thrown into vibration by the thought of one human being, and can another human being sensitive to that vibration repeat the same thought? In other words, is there such a phenomenon as thought transference, and is telepathy a fact? As yet we must return the Scotch verdict—unproven. It is proven, however, that the sensorium can be excited by external stimuli, and that the resultant condition is a self-wrought phenomenon. Suggestibility is an inherent property of the soul. Hence belief is an important factor in medicine. Faith is a powerful tonic. But it has well-marked limits. It cannot set a limb, or neutralize a disease toxin. It cannot replace destructive lesions, but it can and often does cure functional disorders, functional blindness, deafness, aphasia, paralyzes and contractures; digestive disturbances, dermato-neuroses, hysteria, hypochondria and neurasthenia.

So we wander in the borderland of medicine and theology. The great professions after years meet again, but under

different circumstances! The medical profession was evolved from the theological, slowly, step by step it grew from religious conjury. As the gap widened, there came a warfare, and the older and and more powerful priestcraft was pitted against the cult of healing. Many medical martyrs sacrificed in this struggle, their life, their liberty, their hope of preferment, their position, their ease and their reputation. The battle has been long, but truth has triumphed. Wherever their field of action is common the physician now dictates to the priest. How recent has been the victory can be judged from the fact that only a hundred years ago in the English prayer book there were admonitions, "Not to kindle God's wrath" or "provoke Him to plague us with divers diseases and sundry kinds of death"—so persistent and insistent is the idea of an avenging and a vengeful God.

From the idea that the Devil was the cause of diseases and pestilence there was evolved another and far more horrible conception that witches—people possessed and inspired by the arch-enemy of human souls—were the breeders of plagues. The Papal bull of Innocent VIII in 1484 gave the stamp of infallibility to this infamous dogma. The Protestant fetich worship of the literal truth of the Bible, together with Jehovah's horrid mandate, "Thou shalt not suffer a witch to live," caused the death and torture of thousands of innocent men, women and children. But this monstrous superstition as well as its kindred error that the insane were possessed by devils, was strangled by the medical profession.

All Europe was in the 13th to 18th centuries one vast laboratory for the culture of pestilential micro-organisms. Sin was the cause of it all, but not the moral iniquity imagined by the theologian, but sanitary sin against the inviolable laws of Nature; laws the infraction of which bring inevitable punishment, whether the offender be a faithful de-

votee or a defiant atheist. The plagues are now stayed, not through the prayers of priests, but by obeying the great doctrine of cleanliness taught by physicians.

Throughout the past the great stumbling block to human progress has been the paralyzing belief in miraculous intervention. The vantage ground now held by the hosts of science is the belief in the rule of law. Witches, devils, gods, Apollo, Satan, Jehovah, the phantasms of a childish humanity have all been dispelled in the light of scientific education, in their place we see the great Unknowable, the Primal Cause, the Soul of the Universe, yea, God himself, if you so choose, alike the Author and the Exemplification of Law. There is a germ of truth in the theological idea of the wrath of God, for God is the creator of evil, but evil is not interpolated from without, it is developed from within. It is an essential of existence. Just as were the eye responsive to only the vibrations of the red rays, there would be blindness, so were there only one sensation, there would be no consciousness. As there are needed difference in light vibrations to produce sight, so there must be a contrast in sensations to give pleasure or pain. One cannot exist without the other. Happiness necessitates sorrow, pleasure requires pain, goodness presupposes evil, and sanctity implies the existence of sin.

Superstition, though no longer officially triumphant, is by no means conquered. Dangerous beliefs are still rank even in this enlightened land of ours. America worships the liberty of the individual, and in the conservation of this principle she allows the individual to become the slave of false doctrines. So long as this enthrallment affects only the infatuated person, society suffers no harm, but just as soon as the carrying out of those beliefs endangers the welfare of a community, the body public has the right, nay rather, has the imperative duty to interfere in the behalf of sanity and sanitation. Man can do as he

pleases so long as he pleases to do nothing that will harm his neighbor. We compel all persons to obey sanitary regulations, and do not regard it sufficient to pray to God to avert the diseases which may arise from their neglect. We compel people to report contagious diseases, and we quarantine those that experience has taught us had better be isolated. God will not prevent disease except through man working in and through natural laws. It matters not if he be addressed as Apollo or Jehovah, Baal or Jesus Christ. The converse of this proposition is just as true. God will not cure disease except through man's utilizing and obeying the necessary natural law.

Whenever a law has been discovered man's only path to health lies in its obedience. By patient labor and investigation man has discovered an absolute cure for the unmixed diphtheria infection, provided it is given in the proper time and dose. A sufficiently powerful infection attacking the larynx of a child is inevitably fatal. Not all the prayers of Christendom, not the fabled faith that might remove mountains, not the song of the self-duped sirens of Christian Science—as we have but lately seen in the murder by neglect of the Vaughn child in this city—not the imprecations of a prostrate world, not the hypnotic suggestion, were it possible, of the Great Physician himself, no, nor all these combined could save the doomed child; but the simple, easy, safe naturally produced and naturally ordained anti-toxic serum will restore her to health if given at the proper time and in the proper dose.

There is a band of religious fanatics found in many of our churches whose great tenet is the efficacy of prayer in disease. Whatever prayer can do in other fields, in the realm of medicine its entire efficacy is suggestion. It is a mental tonic, it is a moral sedative. By no means let it be neglected. But, when attempts are made to make it a cure-all

to the neglect of remedies ordained by Nature, it is time that we, as a profession, cry halt. We must prevent the sacrifice of life on the altar of superstition. The army of religionists that heal everything from hives to apoplexy by prayer, are as absolutely in the wrong as were their forefathers that burnt witches in the name of the Lord. Would they were right, say you? If bended knee, and streaming eye, if contrite heart and humble faith could stay the hand of God, would the world be any better? However we may wish for such a state of affairs, it is not the way of Nature. Sadly and firmly we must say to these zealots: the prayer of faith can save only a few of the afflicted, and we and not they must be the judge in what cases suggestion is likely to be successful. Though they cry aloud, and leap upon their altars, and cut themselves in anguish, 'till the blood gush forth, there is no voice nor any to send the answering fire of health, that alone comes through obedience to law and, alas, more often the law has not yet been deciphered from the book of Nature.

I hope most sincerely that the motive of this paper will not be misconstrued. There is a faith held by many, perchance by a goodly number here, which I would not unsettle if I could and I hope I could not, if I would. In giving suggestion as the possible explanation for the miracles of Christ, I pass no judgment as to the position this wonderful man holds in the universe. He may be the God-man, the God in man, or simply a good man. I have only given what is a rational explanation of his miracles. If any believe that he was the actual Deity incarnate, and that His actions transcended natural laws, that the blind man's brain was instantaneously created, and tenanted with a mind with all its visual memories, let them continue so to believe; but never let them say, now is the day of miracles, that such supernatural events can happen at the beck of any, be he ever so devout. I write

this but to save suffering humanity from the Juggernaut of fanaticism. If my doubts or questionings should be used as an excuse for immorality by any unformed mind, because forsooth he builds his character on the shifting sands of sentiment rather than on inherent rectitude I am sorry, yet I cannot see how the truth, or even a judicial exposition of one's opinion of what is truth, can do

harm. But I believe I am a fair representative of our great profession, who are not, as has been the fashion to dub them, mostly atheists, not opponents to as yet the greatest religion—Christianity, but rather as a rule honest, earnest students of Nature, who have not as yet learned their lessons, who are simply agnostics.

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PUERPERAL SEPSIS.*

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Puerperal sepsis is a disease of such frequency and gravity, that I take it for granted I need not apologize for recalling it to your attention for the third time.

It is a disease that in frequency outnumbers all other wound infections, and it absolutely belongs to this category—wound infections. Micro-organisms of various kinds are the exciting cause. They find entrance to the circulation through some solution of continuity of the genital tract, probably most frequently at the placental site, but not at all necessarily so. The strepto-cocci, staphylo-cocci and colon bacillus are most frequently found and best known. The unit of degree of virulency of these bacilli is not fixed, but they all have great range, from comparative harmlessness to a rapid and certain death. The physical power of resistance here as elsewhere observes the usual rule.

These micro-organisms are not the product of the uterus, tubes or vagina, or any part of the system. They are always introduced into the system through some outside source, in puerperal cases by unclean hands, instruments, or carriers of some kind. Their term of existence is of short duration in the genital tract that has an unbroken surface.

Bacteriological experimentation has demonstrated to a certainty that any and all of these cocci introduced into an abraded vagina, even during the latter weeks of pregnancy, are soon rendered harmless because of their prompt destruction by the natural secretions of the vagina, the time required being but a few hours. It is also instructive and very suggestive to those that may continue our former practice of frequent vaginal douches, to know that the same experimentation demonstrated that douching served to greatly retard the cleansing of the vagina from these living bacteria. The normal uterus is sterile, and some hold the same to be true of the vagina, but all concede that the vulva is rarely free from pathogenic germs. Hence the obstetrician and nurse instead of douching and scrubbing the vagina, should devote special antiseptic attention to the external parts, then with clean hands examinations will be less hazardous, for causes of sepsis are no doubt to a degree proportionate to the frequency of examinations, as examinations are generally made. Putrefactive changes going on in retained placenta, polypi, fibroids, or blood clots, the cadaverine of which finds entrance into the system, will give us puerperal sepsis, technically called sa-

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premia, a condition much more amenable to treatment but by no means devoid of dangers. Sappremia is generally the condition we find in abortion cases, curettment and washing generally saves life, but often leaves an invalid that sooner or later goes to the operating table for removal of tubes, ovaries or uterus. Post-partum fevers must always be looked upon with suspicion and never made light of.

All of us are not thoroughly competent microscopists, hence not able to differentiate the various bacteria that threaten life, but such services are easily obtained in the majority of cases, but if not, we all know when we have a moderately sick, a very sick, or dying woman. We know what we fear and all possible tests to establish the diagnosis should be employed. Sepsis is most probable, and if so, what we are going to do about it is the question. To elaborate on symptomatology and detail methods of examination is not necessary to this body of practitioners, and certainly overreach the intended scope of this paper; sufficient to say, an elevated temperature, an accelerated pulse, is suspicious; a chill makes us anxious; a temperature of from 101 degrees to 103 degrees or more, and pulse 110 to 140 alarms us. Added to this a tender lower abdomen with distention, and we are scared. All this may occur within 24 hours from delivery, or may be well for a week, and then all of this and more may rapidly appear. Temperature is a danger signal to a degree, but the pulse tells us the true story. If the pulse becomes increasingly rapid there will soon show weakness and death may be near at hand, though the temperature may not be alarmingly higher. Absence of any odor of vaginal discharge is no evidence of absence of infection. Virulent streptococci or mixed infection may kill within 24 or 36 hours—poisoned to death—almost as lightning kills, disorganizing the blood,

and paralyzing nerve centers, but this is not the rule. Chill, temperature, rapid pulse, pelvic tenderness, suppression of milk, odor to vaginal discharge, is the usual history. Examination is not to be delayed, inspection of perinaeum, vagina, and cervix, digital examination of uterus inside and out, its position, size, mobility, infiltration or induration of broad ligaments, tubes and ovaries; all these must be considered and interpreted as far as possible.

How shall the intra-uterine examination be made; by the finger or curette? By the finger if possible. If an anesthetic is required do not hesitate to use it. But even with an anesthetic a thorough finger examination in a primipara often cannot be made except at the expense of unwarranted cervical violence; so use the blunt curette, and if need be, the sharp curette. It is not for me to instruct you in the use of the curette, but will say that it is a dangerous instrument in careless hands and especially in all septic and post-partum cases.

Retained detritus should be carefully coaxed out of the uterus without violence and followed by a wash and light drainage. A smooth intra-uterine post-partum uterus, if infected, must never be curetted, the protective zone thrown up by the leucocytes must not be disturbed; never touch that uterus again except you are forced to remove it. What shall we do medically? Nourish to the full limit. Use the abdominal ice coil over lower abdomen, sustain the heart with strychnine and alcohol to the full limit. Digitalis and nitroglycerine have their place as indicated. Shall we use anti-streptococcus serum?

I copy a part of the report of a committee consisting of J. W. Williams of Baltimore, W. R. Pryor of New York, Henry D. Fry of Washington, and Edward Reynolds of Boston, upon this subject. This report was made in May, 1899, after a year's study and observation upon this special subject. A part

of this report directly pertinent says: "The personal experience of this committee has shown that the mortality of streptococcus endometritis, if not interfered with, is something less than five per cent., and that such cases tend to recover if nature's work is not undone by too energetic local treatment." Again they say: "We unhesitatingly condemn curettage and total hysterectomy in streptococcus infection after full term delivery, and attribute a large part of the excessive mortality in the literature to the former operation; also the lochia should be examined, if found to be streptococci infection, the uterus should not be touched again.

"If the infection be due to other organisms repeated douching and even curettage may be advisable." Again they say: "We find nothing in our clinical or experimental literature or our own experience to indicate that the use of anti-streptococcus serum will materially improve the general results in the treatment of streptococcus puerperal infection."

Such is the substance of the report. Personally, I have to say, in view of many other reports from individual observers and experimenters with this serum, I am by no means prepared to accept this report as settling this subject. I believe that the preponderance of evidence today is that fresh, pure anti-streptococcus serum in streptococci infected cases, is a potent and life saving remedy and should not be omitted.

Has surgery any legitimate place in any of these cases? We most emphatically and unhesitatingly say, yes! What the operation is to be, and just when is the time to operate, is the important question. This can only be determined at the bedside, always remembering that it is only in exceptional and selected cases that hysterectomy is to be employed, but when demanded, is no more to be postponed and trifled with, than herniectomy in cases of

strangulated intestine, or any other radical operation that is employed as the only life-saving means of which we know. That there are such cases I am thoroughly convinced by my own experience, though it be limited as it is. Three successful cases by no means establishes any rule, but added to a long list of successful operations at the hands of other operators, serves to refute the idea that hysterectomy is entitled to no consideration, as one means of saving one class of puerperal septic cases.

In the *Amer.-Journal of Obstetrics* of April 1899, I note where Dr. Hirst of Philadelphia, reports twelve hysterectomies for puerperal sepsis, with eleven recoveries, all desperately bad cases, but this is exceptional success. It is not an infrequent operation, and as might be expected, has a mortality list that takes courage to face, even in selected cases. If a gangrenous portion of intestine, or a gangrenous appendix is any evidence of the necessity of surgical interference, I see no reason why a septic, rotten uterus removed from a poisoned, dying woman, should not justify the operation, even though a percentage should not be so fortunate as to recover.

The patient should have the benefit of all medical science so long as it is reasonable to expect benefit therefrom, but if the time comes when in all reason that period has passed, surgical efforts should be seriously considered, and it is right here that the conscientious surgeon should not forget what is due surgery as well as what is due the patient, and only operate when there is reasonable hope, though it be the only one of recovery. Our experience, our knowledge, and our best common sense must be our guides in this emergency.

In the interest of true surgery I most emphatically say, never do any operation on the theory, and for no better reason, than that the patient will die anyway, for we ought to guard the glory and good name of the art and science

of surgery as jealously as we would the character of our best and dearest friend.

I now conclude these remarks by reporting my third hysterectomy for puerperal sepsis, and show you the specimen, which, in conjunction with the report, will put you in full possession of all the facts of the case, and trust it may serve as a text for your free criticism and discussion of the whole subject.

The following report is from Dr. John Ferbert who was in charge of the case up to the time she was removed to the hospital.

Mrs T., native of California; age 26; previous health fairly good; married 1807. First child one year after marriage. Hard labor of 24 hours. Craniotomy; extensive perineal laceration and slow recovery. Second child, January, 1808. In labor 18 hours; delivered by instruments; occiput posterior; very severe post-partum hemorrhage which continued long after delivery; physician in charge finally controlled same by alum gauze. Recovery slow. Third child Sept. 15, 1800. Labor commenced at 7 a. m.; saw patient at 8 a. m., having strong pains; membranes ruptured 11 a. m.; pains strong and frequent; no advancement of head; head high up; applied forceps; delivered readily with moderate traction, occiput posterior. Delivered placenta in about ten minutes. Crede's method. Uterus hard and high up. Hemorrhage free and continuous. Uterus being hard and contracted, I suspected deep laceration of cervix and cervical artery; used hot water ad libitum. Tamponed cervix and vagina as tightly as possible; still free flow continued through and around gauze. Called assistance; removed gauze; could find no tear, and decided to pack uterus and vagina. One hour later blood began to seep through sides of gauze onto the pads; called assistance second time, only to do nothing, as it

was deemed best to leave packing and hope that it might clot and stop flow. Only after patient was completely exsanguinated did flow cease.

During all this time patient pulseless and has no recollection of any part of the procedure. She was kept alive during hemorrhage by the free use of all known heart stimulants, and transfusion of normal salt solution in both breasts and per rectum.

Removed gauze following morning; no hemorrhage; gauze had the appearance of a big rope covered with tar. Following is the temperature and pulse:

Sept. 16th, day following delivery, temperature, a.m. 99 deg., pulse 116; temperature, p.m. 103, pulse 126. Sept. 17th, temperature; a.m. 103½, pulse 134; temperature, p.m. 104, pulse 140. Sept. 18th, temperature, a.m. 103½, pulse 136; temperature 3 p.m. 104, pulse 136.

Gave 20 c. cent. of anti-streptococcus serum, seven hours after administration temperature dropped to 99, pulse 110. On following morning gave 10 c. cent. of serum, but temperature went right up. The serum was discontinued for two reasons: First, the doubt in my mind as to its efficacy in spite of the fact the temperature dropped five degrees in seven hours following its administration; and second, it was experience.

Afternoon of 19th, temperature 103, pulse 126; 20th, temperature, a.m. 101½, pulse 110; temperature, p.m. 103½, pulse 130; 21st, temperature, a.m. 102½, pulse 126; temperature p.m. 104½, pulse 140.

Removed to the California Hospital the same afternoon and operated on next morning.

Sept. 22nd, 10.45 a.m. after operation, temperature, 101.6, pulse 160; temperature, p.m. 104.2, pulse 120. Sept. 23rd, temperature, a.m. 102, pulse 128; temperature p.m. 101.5, pulse 126. Sept. 24th, temperature, a.m. 100.4, pulse 120; temperature, p.m. 101.6, pulse 122.

Sept. 25, temperature, a.m. 101, pulse 110; temperature, p.m. 104, pulse 125; temperature, a.m. 99.8, pulse 115; temperature, p.m. 100.2, pulse 106.

Cause of rise of temperature on Sept. 25, drainage had stopped; removed gauze; temperature dropped to normal and she had practically no more fever. Patient was up and walking 21 days from operation. Had a letter from her shortly after her return home stating

her health was good; still somewhat weak, but daily growing stronger, and taking care of her babies.

You will note in the specimen removed the presence of two sub-mucous fibroids. Two more were present but were torn off at time of operation. They were all septic. The presence of these fibroids explains cause of post-partum hemorrhage.

MEDICAL CAREER AT VIENNA.

BY W. JARVIS BARLOW, A.B., M.D., LOS ANGELES.

During my recent studies in Vienna, I took occasion to learn something about the medical department of the University, and, in connection with it, the general hospital, where most of the instruction is given.

Much of what I write may be known to many, but will be more interesting to those readers of the Practitioner, who have not had the opportunity of visiting a Continental University. For much of my information, thanks are due to Dr. Neudörfer, former assistant of Professor Neusser, under whom I took a course in blood. I shall speak of the manner in which one prepares himself for the medical degree, his studies and examinations, his hospital service and appointments, all of which show a contrast to our methods.

In order to obtain the necessary license and be ready to practice medicine, six and often seven years are required, depending much on one's ability.

When one decides to pursue a higher education, he enters the Latin School Gymnasium about the age of ten years and remains eight years. Here he is taught the fundamental branches, mathematics etc., also Latin, Greek, history, physiology, logic, psychology and the poets. Everyone in Austria must pass this Latin School examination, or its equal, to enter a technical school. One may, after four years at the Latin

School, go into the Business Academy for three years, and then enter a technical school. After passing the requisite examination at the end of eight years, one is given the opportunity to serve one year only in the Austria army, instead of the regular three years required by the Government. Medical men, however, have an advantage in this respect over other professions; that, at the beginning of their medical career, each may serve one-half year as a soldier during the summer season, (Apr. 1st to Oct. 1st) and the second-half year in a military hospital after he has obtained his medical degree. If, however, such a man does not get his degree before his twenty-sixth year, he must serve his second-half year as a common soldier.

In order to become a physician, one must be matriculated at the University during the ten semesters (5 years.) During the first two years, didactic lectures are given in chemistry, physics, physiology, anatomy, pharmacology, mineralogy, botany and zoology; also work in the histological laboratory and dissecting room. The more industrious take also practical chemical laboratory work. At any time during these two years, a student may take his examination in mineralogy, botany, and zoology, often within the first six months.

The first severe examination (Rigorosum,) of which there are three, is taken

during the first half of the third year. Each consists of a practical and theoretical part. The first to be taken is the practical in anatomy and physiology; next, the theoretical in anatomy, physiology, chemistry and physics. If one fails in his practical, he may repeat it in three months, before he takes the theoretical.

During the third and fourth years, students attend the clinical lectures on internal medicine and surgery, and devote to each ten hours a week for the two full years, besides giving five hours weekly to bedside instruction on the same subjects. This instruction is given by an assistant, who lectures to a class of from ten to thirty students, and gives them opportunity for examining the patients. During one of the two years, they attend for five hours weekly each of the following: general pathology, pathological anatomy, children's diseases and gynecology, also giving time to pathological histology.

The fifth year is devoted to skin, syphilis, eye, obstetrics and forensic medicine. Students who have sufficient means often take private courses in internal medicine, obstetrics, operations on cadaver, and eye diseases from the assistants, who prepare them for examinations.

After completing the five years, students start their second Rigorosum. If the student must now serve his first army course, he cannot take this examination until October of the sixth year. If, however, he has served his first half year, which 70 per cent. do, he takes his examination in April, the beginning of the sixth year. This examination consists:

1. Practical: internal medicine, pathological anatomy.

2. Theoretical; internal medicine, pathological anatomy, general pathology, children diseases.

The third Rigorosum follows immediately.

1. Practical; surgery, skin, syphilis, eye diseases, obstetrics and gynecology.

2. Theoretical; the same as practical, with the addition of forensic medicine, which is considered very difficult.

About 10 per cent. are able to finish these two examinations in three months, about 40 per cent. need six months, others wait until the following or seventh year, at the end of which the degree is obtained. After having been graduated, ambitious men and especially those who have some means go into one of the hospitals for practical work, perhaps to become an assistant, later docent, still higher extraordinary professor, highest ordinary professor. It is not difficult to obtain some position in the hospitals, because there are so many places to be filled each year, as will be shown by what follows, but to become an assistant or something higher is quite different. It is at present not necessary to have a hospital course after being graduated, and a man may immediately start private practice. There is a possible change under consideration to limit the University course to four years and the fifth year to be spent in the general hospital before practicing.

The number of medical students at the Vienna University is from 1500 to 2000, and every year from 300 to 400 are graduated. The outlook for the higher positions in the universities of Austria is not so favorable as in Germany, because Austria has only five universities, i. e., Vienna, two at Prague, Gratz and Innsbruck each one; and there are not more possibly, on account of the great cost to the government. Innsbruck has so few students that, I am told each student costs the Government nearly \$500 yearly. Still at the smaller universities, in many ways the opportunities for the students are better.

The General Hospital, connected with the Vienna University, and founded about the year 1760, has ten yards, or courts, and about 2000 beds. It consists of two parts, one of which connected with the university is under the Austrian Secretary of Public Instruc-

tion. This Secretary, with the Emperor's approval and signature, appoints the professors of the medical college for life (70 years,) after the name has been proposed and given by the medical faculty. This part of the hospital has three clinics for internal medicine, respectively under Professors Nothnagel, Neusser, and Schötter, each having about 120 beds. Three surgical clinics under Profs. Albert, Gussenbauer, Weinlechner, each with 150 to 200 beds.

Two obstetric and gynecological clinics, Profs. Chrobak, Schauta.

Two ophthalmological, Profs. Tuchs, Schnabel.

One skin, Prof. Kaposi.

One skin and syphilis, Prof. Neumann.

One nervous, Prof. Krafft-Ebing.

One for ear, Prof. Politzer.

One laryngological, Prof. Chiari.

General pathology, Prof. Weichselbaum.

Pathological chemistry, Prof. Ludwig.

A pathological institute with laboratory for pathological histology, bacteriology and dissecting.

Medico-legal, Prof. Kolisko, who for eighteen years, taught the American physicians in Vienna gross pathology. Last year he was appointed chief of the medico-legal institute, and Albrecht now favors the Americans.

In the neighborhood is the institute for general anatomy, Profs. Toldt, Zuckerkandl.

Physiology, Prof. Exner.

Histology, Prof. Ebner V. Rofenstein.

Embryology, Prof. Schenk.

An institute for general chemistry and physics.

Children at St. Anna's Hospital under Prof. Wiederhofer, who has been the physician to the royal family for the last thirty years, consequently a man of the greatest influence.

The second part of the general hospital is under the control of the government of Lower Austria. It consists of four departments of internal medicine, the chief of each department is called

Primarius, who is appointed by the Government. Three surgical departments, one gynecological, one syphilitic.

A school for midwives, whose course is of two years duration. The chief of this school is Prof. Braun, who is the brother of the celebrated Carl Braun.

Three additional good-sized hospitals in Vienna are under the control, also of Lower Austria.

1. Rudolf's hospital with 1,000 beds.

2. Franz-Joseph's hospital, handsome, modern and on the pavilion system, with 800 beds.

3. Wiedner hospital with 800 beds.

In each one of these, special course may be obtained from the chiefs or assistants of the several departments.

Besides the above mentioned, there are three children's hospitals found by public charity. Six smaller hospitals connected with cloisters, and supported by foundations and charitable organizations. Another modern hospital deserves mention, the Rudolfiner for surgery and gynecology with 300 beds, which was founded by Prof. Billroth, is supported by private charity, and with which is connected a private school for nurses. The chief was formerly an assistant of Prof. Billroth.

In most of the above hospitals, poor people are admitted, each paying about forty cents daily. If they are unable to pay, the amount must be given by the city or place in which they reside. In the General and Wiedner hospitals are private rooms, which, including all attendance cost from 85 cents. to \$2.00 daily, and from our point of view are not very comfortable. There are two sanatoria, well equipped with every modern convenience for people with means, the price of rooms ranging from \$4.00 to \$10.00 daily.

ARRANGEMENT OF CLINICAL POSITIONS.

The chief of a department is an ordinary K. K. (königlich-kaiserlich) Professor, who gets sooner or later the additional title, Hofrath. He is appointed

for life (70 years,) with fee of about \$1500.00 and additional income of between \$5,000 and \$8,000 from the students for their lectures and the examination taxes. This is the highest position one can attain, giving the greatest independence.

Each ordinary K. K. professor has two, sometimes three, assistants, who can only stay four years in the hospital. He appoints these from his followers, or staff, who are seen about him daily, and may promise a bright man the position two years before a vacancy will occur. The two assistants get thirty dollars a month, including a room in the hospital. They are not allowed to have an outside office, but can do private practice, when not interfering with the hospital duties. Usually, however, they have little practice, their time being too much occupied in the hospital, and their income is derived chiefly from the courses given the American physicians and Viennese students sometimes amounting to \$4,000 yearly, depending upon their success. Each assistant has charge of a certain number of patients, for whom in every way he is responsible, and under him are other physicians who may do the practical work; for example, in an internal department of eighty beds, there are perhaps twenty physicians under the assistant, each having his four patients for whom he is responsible. A complete and careful examination to be made of each case, and the report submitted to the assistant.

Practically the first assistant is almost the chief of the clinic, because the professors, after two hours of clinical lecturing, have less time for the wards, and usually see only the interesting cases. In general, the third assistant with his corps of younger physicians has charge of the dispensary cases, which are admitted for examination daily after the morning lecture. In each of the surgical and gynecological clinics, there are, besides the three assistants, twelve young operators, who get these places by ex-

amination and influence, and can hold them for one or two years.

From the above, and from what will follow, may be readily seen how many places for practical work in the university and State hospitals are open to the young graduates. A graduate can easily get into one of the internal medical clinics as a physician, or helper, under the assistant, but to become a surgical or gynecological operator, he must first pass an examination on the cadaver. To attain the position of an assistant in an internal clinic, one must have thorough knowledge of bacteriology, chemistry and internal medicine. To be a surgical assistant it is necessary to have already served, at least, one year in a medical clinic. For a gynecological assistant, one year's service in a surgical clinic is required.

These assistants have the opportunity for scientific study and literary work, and many give their efforts to original investigation, working for the next higher step: Docent. In order to become a docent, an assistant, who has written or published an original article, must pass an examination on what he has written, and give, at least, one lecture to the professors of the university; after which he may be proposed for docent by the majority of the medical faculty. Although most of the assistants become docents, if one fails after spending four years in an internal clinic, he must leave the hospital without a higher university degree. There are in Vienna altogether 150 docents, and this title, without salary, is conferred only by the university. The duty of a docent seems obscure, but is, I believe, to lecture, which he does if he has the material; more often, a docent has no material and the duty is a formality. Practically, a docent is a good specialist, can charge higher fees, and has the prospect of a professorship, though perhaps 90 per cent. remain docents for life.

The next step is the extraordinary professor, which, without salary, is merely a title between the docent and ordinary K. K. professor. If a chair becomes vacant and a professor not appointed, an extraordinary professor may be selected to fill the vacancy with a salary of \$700 a year. Many of these professors, however, are connected with the polyclinic, which is a private institution near the general hospital. This polyclinic has only sixty beds, does chiefly dispensary work in all departments and gives some excellent instruction.

Another higher position desired by an assistant or docent is that of *Primarius*. Every department of the state hospitals has at the head a *primarius* (there being forty such places in Vienna) who is appointed for 70 years by the state with salary, from \$500 to \$800 yearly. Besides the title, such a position gives one the material, and if a *primarius* is also a docent, he may lecture when his ability is sufficient to secure the students. An ordinary K. K. professor may at the same time be a *primarius*, drawing the salaries of each. Such are now Professors Neuman and Kaposi.

Under a *primarius* are the following positions, which are filled every one to three years:

(a) One assistant, salary \$30 monthly with room.

(b) Two *Secondarii*, \$20 monthly with room.

(c) Several aspirants, without salary, who serve one to two years, and anticipate a higher position. If an aspirant becomes a *secondarius* and later an assistant, he cannot altogether serve more than four years.

(d) *Hospitants*, who simply visit the wards and patients, enter the clinics and dispensaries, without definite duties. These men stay about, examine the pa-

tients and are generally disliked. Finally any assistant, not as successful as others, tries later to secure outside positions, such as police surgeon at \$200 to \$250 a year; physician to a manufacturing house or labor association; perhaps, village physician in the smaller towns.

At the present time it is the school at Vienna which is great, rather than the men who compose it. The excellent system, methods of instruction, and large amount of material in each department deserves special mention. Particularly to be emphasized are the greater advantages in the departments of internal medicine and pathology over those obtained in our own country.

The Viennese School became most celebrated about the year 1830, on account of the number of its noted men.

Rokitansky, 1804—1878, pathological anatomy.

Hyrtl, 1810—1894, great anatomist.

Bhuche, 1819—1892, physiologist.

Skoda, 1805—1881, auscultation and percussion. At present Prof. Nothnagel has this place.

Opolzer, 1808—1871, great diagnostician, whose pupil and follower was Bamberger, whose pupil and follower is Prof. Neusser. (At the unveiling of the statue of Bamberger recently at the University, Prof. Neusser said that Prof. Bamberger and he had taken medicine from the artistic standpoint.)

Billroth, 1829—1893, Modern Surgical School, in 1860 called from Switzerland, was professor of pathology, anatomy in Königsberg, Germany, before being at Zurich.

Hebra, 1816—1880, skin diseases, whose son-in-law Prof. Kaposi, with Professors Politzer and Nothnagel are probably, at present, the greatest men in the Viennese School.

Nice, December 8, 1899.

CALCIUM CHLORID AS AN HEMOSTATIC.*

BY J. LEE HAGADORN, M.D., LOS ANGELES.

Mr. President, Ladies and Gentlemen: I am well aware that in presenting this subject to you I am not announcing a startling discovery, or even bringing forward a new idea. My object is merely to call your attention to a very valuable agent in inducing the rapid coagulation of the blood and in this manner arresting hemorrhage.

Ergot has long been the drug to which the medical man has turned when confronted with any hemorrhage where direct ligation may not be applied, as in hemorrhage from the mucous surfaces or viscera. In hemoptysis, hematemesis, melena, hematuria, epistaxis and the like, it has been persistently and patiently used in lieu of any better drug.

Results have been uniformly dissatisfactory and discouraging. In hemoptysis I have never noticed any cessation of hemorrhage which I could ascribe to the use of ergot, owing, I believe, to the fact (pointed out by Arthur Foxwell) that "the calibre of the pulmonary vessels is under different governance from that of the systemic ones, and that we have no proof that ergot can contract them."

The greatest point of advantage to be gained in controlling hemorrhage is to increase the coagulability of the blood," and any agent producing or favoring this result will be the one thing desired.

Gallic acid has been recommended and extensively used for this purpose though the method of its action is not clearly understood. Wood has proven that it reaches the blood by drawing attention to the fact that blood spat up after its administration often has a greenish hue.

Prof. E. A. Wright of Netly, in a communication to the British Medical Journal in 1893, called attention to calcium chlorid as an increaser of the coagu-

lability of the blood. He reported that in cases of hemophilia, this drug exhibited in doses of five grains three times daily produced prompt results. He observed that too large doses delayed greatly the process of coagulation. By giving one single dose of one-half drachm, he reduced the time of coagulation in one case from 4 to 1 3-4 minutes.

Sajou's Annual (1896) quotes an editorial from Phila. Med. Jour. in which this same fact is mentioned. The article states that while the first effect of the drug is to increase the coagulability its long continued use has the opposite effect, and advises a large beginning dose followed by small doses at short intervals.

Saundby, in the International Med. Journal, 1895, reported a case of severe bleeding from the rectum, probably from hemorrhoids, in which calcium chlorid administered in five-grain doses every four hours completely arrested the hemorrhage.

Writing about the treatment of hemorrhage in subjects of hemophilia, J. W. Barrett of Melbourne, in the Australian Med. Jour. of Aug., 1895, says that in an apparently hopeless case of hemophilia seen by him, local styptics were abandoned and a solution of calcium chlorid, 15 minims, frequently repeated, was given, and hemorrhage was arrested in two hours. Patient was then given ten m. doses t. i. d., and made a good recovery.

My attention was called to the drug by seeing a nose and throat specialist prescribe it for a patient upon whom he was to operate a few days after. He remarked at the time that he looked for lively hemorrhage at the operation and wished to avoid much loss of blood. I was present at the operation and re-

*Read before Southern California Medical Society December 7, 1899.

marked upon the great tendency of the blood to quickly clot, and upon the small amount of hemorrhage.

Soon after this I attended a young fellow who had been injured in a brawl, where two men had jumped upon him, injuring his chest in such a manner that he suffered a brisk attack of hemoptysis. The usual methods of arresting hemorrhage were employed, but no cessation of bleeding. Consultation was called and many means were used in vain. The fellow spat up almost incredible amounts of blood and soon became almost exsanguinated. At the suggestion of Dr. W. D. Babcock, I began giving two grains of calcium chlorid every two hours. I gave it in the form of a ten per cent. solution. The effect which was at once noticeable, was sur-

prising, to say the least, the hemoptysis ceasing altogether in a few hours and never returning. After five months now passed, he has had no recurrence. I have since used the drug in two cases of excessive flowing at menopause, with very prompt and gratifying results.

Mayo Robson recommends the drug in aneurism but I have not found any other mention of it in this connection in the medical literature so far. Its usefulness has been lauded in the treatment of persistent and recurring epistaxis, and also promises to supply the much longed-for clotting agent in hemophilia and has already removed from this alarming condition much of its danger.

209-210 Douglas Building.

FROM MIRACLES TO MEDICINE.

BY F. A. SEYMOUR, A.M., M.D., LOS ANGELES.

A paper with the above caption was read by the retiring president of the Los Angeles County Medical Society at its annual meeting, January 5, 1900.

As an expression of individual opinion, it is not of sufficient importance to justify attention, but as the pronouncement of their chief to a large body of intelligent physicians, its utterances should not go unnoticed. Admiration for the author's intellectual ability and professional attainments, with a personal friendship growing out of a more or less intimate editorial association for years, precludes the possibility of an unfair judgement on my part. Under cover of exalting the achievements of modern medicine, discredit has been thrown upon the Bible as a whole, and upon selected portions of it in particular. With the vast field of skeptical literature subject to his culling it is matter for surprise that the author has made so poor a selection.

Levity and ridicule are the chosen weapons of the weak and by the dispassionate are regarded a virtual admission of defeat.

Certainly their employment in the discussion of so serious a question before a learned assembly betokens inexplicable temerity or, the uncertainty of the assailant.

Superficial reading, lack of acquaintance with the Old Testament text or with the construction of specialists in its language, chronology, and contemporaneous history have led to unwarranted interpretation and painful irreverence.

With a show of precision in stating the number of miracles performed by Jesus, he shows even more carelessness in representing the statements of the New Testament.

His amusement borders wellnigh on the humorous as he sagely refers to the Centurion's male servant as "she";

and accuses the unfortunate man with having had "a hysterical fit."

The burden of the paper is the assumption and assertion that every miracle of Christ was wrought by hypnotism. Yet he designates him "The Great Physician" and says "He may be the God-man, the God in man, or simply a good man."

The striking feature in the character of Jesus next to his unselfishness, was his manliness. He detested shams, and pronounced a woe upon hypocrites.

He said of himself, "I am the truth;" and in reply to Pilate's inquiry, confronted by certain death, He said, "For this cause came I into the world that I should bear witness to the truth. Everyone that is of the truth heareth my voice." Yet to the disciples of John the Baptist he said, "Go your way, and tell John the things which ye do hear and see; the blind receive their sight, and the lame walk, the lepers are cleansed, and the deaf hear, and the dead are raised up, and the poor have good tidings preached unto them. And blessed is he whosoever shall find no occasion of stumbling in Me."

Strange, indeed, that in this enlightened day it should be necessary to vindicate such a character from aspersion.

For centuries the mere mention of His name was sufficient to awaken resentment in any Jew. Yet since the paper under review was read, a cultured Jewish Rabbi in addressing an audience of Christians, in this city referred to Jesus in the tenderest and most respectful manner, calling him "that gentle Rabbi of Nazareth, whom you worship and I reverence."

If Jesus was possessed of the character indicated even by the author, how could He have stood at the door of the sepulcher of His friend and weep, when He well knew Lazarus to have been in a condition of suspended animation?

Jesus was either what He claimed or the greatest criminal in history. What is Christianity but the following of Christ?

What folly to join the crowds tagging at the heels of a hypnotizer! How may we account for the perpetuation of His influence? Is the civilized world in its successive generations newly hypnotized? If so, who furnishes the impulse? Who supplies the suggestion?

Intelligence would scorn to assume the name of a fakir, or to believe his teaching "the greatest of all religions."

How happened it that so careful an observer as Luke "the beloved physician" failed to suspect the asserted hypnotism? And why did not the author include in his list the crowning miracle of Jesus, His resurrection? Was His death a performance like the rest, a suspension of animation? Was the spear thrust a scratch, and the penetration of the pericardium a myth? Is there no value in corroborative evidence? Whose testimony is of greater worth, that of eye witnesses, or that of agnostics 1900 years from the events? "Without controversy, great is the mystery of godliness." Yet Paul, a logician without a peer, a classical scholar equal to the first Athenians, a world-wide traveller, a man who had sincerely and without cant despised Christ and His followers, after years of study and unbiased investigation reached a conclusion the reverse of his inclination and hurtful to his temporal welfare. To whom shall we give thoughtful attention? To this scholarly critic, himself above all just criticism, who constructed a positive ground-work for intelligent faith, or to the agnostic, who toys with words and destinies as puppets, and when asked of his meaning, his promises, his prospects, can only reply "I do not know"?

The medical profession adorned by such men as Stephen Smith of New York, W. W. Keen of Philadelphia, Howard Kelly of Baltimore, Joseph H. Wythe of San Francisco, and by tens of thousands of less noted but equally devout believers in the truths of the Bible, and in Jesus Christ

as a personal Savior, decline to be classed wholesale among the agnostics. Now and then an unfortunate, adrift from his moorings, uncertain about everything but his own uncertainty, may say, "I do not know," but the trend of the hosts is in the direction of certainty, and multitudes of them in life and in death affirm of Jesus, "I know whom I have believed, and am persuaded that He is able to keep that which I have committed unto Him against that day."

For many years Jesus Christ has been

to me a loving friend. In misfortune, in bereavement, in illness in the presence of impending death He has never once failed me, nor will He ever.

I should be recreant to pleasurable duty not to vindicate Him from the charges made in this paper, or not to assert with positiveness my unqualified belief in His present personality, and His transforming power over the heart that recognizes and accepts the truth. "If any man WILLS to do His will, HE SHALL KNOW."

307 South Broadway.

SELECTED.

DEPARTMENT OF MEDICINE

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, AND J. LEE HAGADORN, M.D.

THE ARID REGION OF THE UNITED STATES FOR PULMONARY TUBERCULOSIS.—The Medical News of Oct. 21, 1899, contains an article on this subject by Dr. Cobb, of the Marine Hospital Service.

He gives us a brief summary of the various health resorts in these parts with details to each one of them, as follows:

Las Vegas, N. M. Hotels fairly good. Boarding. Patients can remain winter and summer. Altitude, 6418 feet.

Las Vegas Hot Springs, N. M. "The Montezuma;" good attention of all kinds. Patient can rent a cottage and have meals in the main dining room. Hot baths. Patient can remain all the year. Advanced cases not received. Altitude, 6709 feet.

Santa Fe, N. M. Hotels only fair. Boarding. Greater number of clear days than any place in New Mexico. Summers perfect. Patients can remain all year. Altitude, 7047 feet.

Albuquerque, N. M. Hotel accommodations poor (fine hotel just destroyed by fire.) One good restaurant where ladies can go. Good boarding. Fine drives. Patients can remain all year. Has best altitude, 5000 feet.

Las Cruces, N. M. Very poor hotel. At the "Alamada," three miles out of town, one will find good meals, though other accommodations are very poor. Part of the year very hot. Winter perfect. Must make arrangements by correspondence before going there. Altitude, 3797 feet.

El Paso, Texas. Several European-plan hotels (others being built.) One good boarding house. Good driving. Fine business town. Good place for the workman. Summers very hot. Winters perfect. Altitude, 3720 feet.

Deming, N. M. Fair hotel but good meals. Beautiful country. Small town. Can remain all year. Altitude, 4327 feet.

Hudson Hot Springs, N. M. (near Silver City.) Sanatorium. Said to give

good care and attention. Can remain all year. Altitude about 5000 feet.

Tucson, Ariz. Beautiful old Mexican town. Beautiful drives. Fair hotels. Boarding. Hot in summer. Delightfully warm in winter. Patients should leave there in summer. Altitude, 2392 feet.

Phoenix, Ariz. Beautiful city. First-class hotel, "Adams House." Boarding. Nicely kept streets and beautiful drives. Patients should leave in summer. Altitude about the same as that of Tucson.

Prescott, Ariz. Fairly good hotel. Small town. Beautiful country adjacent. Grand Cañon of the Rio Grande sixty miles away, and the San Francisco Mountains near by with an altitude of 12,000 feet. Fine summer excursions. Altitude of Flagstaff, 6862 feet.

Alamogordo, N. M. Hotel first class, though small. Small town, eighty six miles from El Paso. Hot summer. Stopping place en route to Cloudcroft. Altitude about 4400 feet.

Cloudcroft, N. M. Fourteen miles from Alamogordo in the Sacramento Mountains. Six thousand feet elevation. Used as a resort in summer by people from western Texas. Said to furnish first-class meals. Summer resort only. Ride on mountain railroad very fine.

Eddy, N. M. Fair hotel. Small town. Altitude about 4000 feet.

Roswell, N. M. Poor hotels. Boarding. Will have a fine sanatorium for consumptives, to be opened this winter. Hot summers; delightful winters. Beautiful drives. Surrounding country good for the poor man to get a start. Altitude about 4000 feet."

To give a description of arid region resorts and not mention Indio, 100 feet below sea level, and Palm Springs, 100 feet above sea level, is very misleading. These two resorts are in the Colorado Desert in the eastern part of Riverside county, California. There are fair accommodations at both places. They are ideal places climatically from October to May. Full description of Indio can be obtained by writing the Southern Pa-

cific railroad agent at any of the large cities of the United States.

Strawberry Valley also in Riverside county with an altitude of 5000 feet is a delightful all the year around mountain resort. Take Santa Fe railroad to San Jacinto, California.

BROMIDE OF CAMPHOR IN EPILEPSY.—Louis Hasle ("These de Paris," 1899) gives an account of careful clinical observations made with this drug in the treatment of epileptics at Bicetre. Monobromide of camphor has not been hitherto employed in epilepsy systematically or with constant success. It has given variable success in delirium tremens, genito-urinary troubles, particularly blennorrhagia with painful erections (Bourneville), and in retention of urine from hypertrophy of the prostate and spermatorrhea. Hasle, after carefully selecting a number of cases of epilepsy from the abundant material at Bicetre, obtained the following very constant results. 1. As regards epilepsy proper (*haut mal*), the action of bromide of camphor was doubtful, and was less effectual than the mixed bromides of potassium and sodium and ammonium. 2. In attacks of *petit mal*, and in all cases of epileptic vertigo, however, its effect was incontestable; it at first diminished the frequency of the vertiginous attacks, and finally made them disappear altogether. The condition to be observed in prescribing was to begin with moderate doses, made gradually progressive and lasting for a sufficient time. Owing to its disagreeable odor, it is best taken in capsules of 20 centigrammes, or dragees of 10 centigrammes, beginning with two capsules per diem, and augmenting by two capsules the second week, etc., till eight capsules per diem are taken, then as gradually diminishing the dose till two capsules per diem are reached and maintained for some time.—[British Medical Journal.]

According to the Therapist for December 15, 1899, the following combination is efficient:

Take lithium bromid, potassium bromid, sodium bromid, calcium bromid, of each 1 dram. Sirup of orange, 1 ounce. Water to make 3 ounces.

A teaspoonful in water after meals to prevent recurrence of convulsive seizure.

THE TEN COMMANDMENTS FOR TUBERCULOSIS.—J. T. Moore (North-western Lancet) submits the following "ten commandments" for tubercular patients:

Rule I. Live out of doors as much as possible. Choose a warm, dry, equable climate, with dry soil and high as possible, up 3,000 to 6,000 feet.

II. Do not spit upon the ground or floor or around fire place or stoves, unless into the fire.

III. Use a spit cup with paper lining, which can be taken out and burned once every 24 hours and cup scalded; or a cloth, size of handkerchief, which should be burned as soon as well soiled, once or twice a day. Cheesecloth cut in squares is inexpensive. These should be carried in a small bag which can be boiled once in 24 hours.

IV. Never swallow sputum. After coughing and raising phlegm, wash mouth with an antiseptic solution.

V. Do not spit in same room with another person, especially children.

VI. It is best, so far as possible, to use your own individual dishes, especially spoons, or those put near the mouth. Place them in boiling water before washing. This can be easily done by having them a different pattern from those used by the family.

VII. Use only your own individual towels and napkins; have them, with all underclothing, boiled, before placing them in the family wash.

VIII. In case of a mother, do not nurse your child, and keep it removed from you as you value its life. Do not

kiss a child or other person, lest you infect them.

IX. Do not carpet rooms that you occupy. Have bare floors or rugs which can be taken out of doors and shaken, the operator standing on the windward side, so the infection may be blown from them. (Choose an isolated place for this work.) Moisten bits of paper and scatter over floor before sweeping, then put them into the fire. Instead of dusting, use a cloth moistened in antiseptic solution for wiping furniture. Bichlorid 1-1,000 or a 3 per cent. carbolic solution, is good.

X. Have room thoroughly disinfected every other day, by spray or fumigation. A formaldehyde vaporizer, which your physician or druggist can obtain for you, will answer every purpose.

ALCOHOL AS AN ANTIDOTE FOR CARBOLIC ACID.—In an editorial on "Carbolic Acid and its Antidotes," appearing in Merck's Archives for December, 1899, the writer states that of all antidotes for carbolic acid the best-lauded one for promptness in results is alcohol, which was first suggested by Phelps and Powell. Phelps declared that he could state positively that alcohol is an absolutely safe and sure specific against the escharotic action of concentrated carbolic acid. The writer has taken pains to look up a large number of reported cases of carbolic-acid poisoning that have occurred in the past, and finds that where no alcohol was given, in cases that were known or reasonably believed to have retained 60 grains or upwards of absolute carbolic acid, the termination in nearly every one was fatal. On the other hand, in all cases where alcohol was given, under the same conditions, the patients survived, although the physicians in attendance had no idea that alcohol possessed any specific antidotal action.

So far as the evidence goes the writer believes that by the prompt use of whisky or alcohol, followed immediately

by lavage of the stomach and the subsequent administration of sodium sulfate, we have a line of treatment that will give the best possible results in our present state of knowledge of the subject. It is difficult and sometimes impossible to get emetics to act in carbolic-acid poisoning. Nothing is superior to the rubber tube for washing out the stomach. By its use water can be introduced again and again, and then syphoned off with the utmost facility, so that every particle of poison present that is soluble can be washed out. If the water that is used contains a soluble sulfate, the amount that remains in the stomach or that passes down into the intestines can do good work by aiding in the elimination of as much of the poison as entered the blood. [Phila. Med. Jour.]

THE TREATMENT OF TUBERCULOSIS BY CINNAMIC ACID.—Prof. Landerer, of Stuttgart, has published a volume of 300 pages in which he gives his methods and results in the treatment of tuberculosis by cinnamic acid. His experiments have extended over fifteen years, and have been employed in 240 cases in the Sanatorium at Leysin. He believes that cinnamic acid produces an intense phagocytosis, causes a sclerotic condition of the tissues in the neighborhood of the morbid process, thereby circumscribing it, and that it also exercises a germicidal influence upon the bacillus. Cinnamic acid occurs in small colorless and odorless crystals, insoluble in cold water, somewhat soluble in hot water, and very soluble in alcohol and ether. The cinnamate of sodium is a white crystal powder soluble in hot water in the proportion of 1 to 20. Landerer has employed the cinnamate of sodium in the form of a solution of emulsion. The strength of the solution varies from 1 to 15 per cent., and the reaction is made neutral or strongly alkaline. The solution before it is employed is filtered and sterilized by boiling for

five minutes. The formula employed is as follows:—

Finely-powdered cinnamic acid...7 grs.
Oil of sweet almonds.....150 mins.
Yolk of an egg.....1.
Saline solution7 per 1,000.
A sufficient quantity to make...3½ ozs.

This preparation is introduced into the body by intravenous or intramuscular injections.

The doses at first are 1-60 to 1-30 grain, gradually increased until 1-3 is reached, but never given in any larger doses.

The injections are given every 2 to 4 days as the condition of patient allows.—*Journal des Practiciens.*

CREOLIN-POISONING.—Mrs. L. C., white, age 33, wife of a physician, was being treated for amebic dysentery with irrigation of the colon with solution of creolin 2 per cent.

From 1 to 2 quarts was injected at each irrigation. After 3 such irrigations at intervals of 8 hours the creolin was reduced to 1 per cent. and the same amount of fluid was used.

About one hour after the fourth injection of the latter strength, she was suddenly seized with symptoms of profound collapse, vomiting, cold perspiration, sighing respiration, pulse 140 per minute, small and thready. The urine passed for the following 24 hours smelled of creolin and the same odor was noticed on the breath.

This condition was not recovered from till after the lapse of 18 hours. [E. W. Pressly, M. D., In *Phil. Med. Jour.*, Jan. 20, 1900.]

PAINS OF TABES RELIEVED BY NERVE STRETCHING.—Lindstrom, in *B. Med. Jour.* Jan. 11, 1900, reports a case of tabes dorsalis in a man, 40 years of age, who had had pains in the legs for 10 years. About a year previously he developed other symptoms of locomotor ataxia; the pains by this time had become so intense that they required active treatment. The sciatic nerves were,

therefore, stretched posturally; that is, flexion of the thigh and extension of the leg and foot for 2 minutes. The pains remained absent through the night, and the next afternoon another stretching was performed, relieving the pain for a prolonged period. A third precautionary

stretching was performed the following day, and after this period no severe pains recurred. He was given iodides and a laxative water, and showed considerable improvement. The only immediate disagreeable result was some numbness in the legs.

DEPARTMENT OF SURGERY.

THE OPERATIVE TREATMENT OF TYPHOID PERFORATION.—Keen, of Philadelphia, summarizes his views on the operative treatment of typhoid perforation as follows:

1. The surgeon should be called in consultation the moment that any abdominal symptoms indicative of possible perforation are observed.

2. If it be possible to determine the existence of the pre-perforative stage, exploratory operation should be done under cocaine-anesthesia before perforation, shock and sepsis have occurred.

3. After perforation has occurred, operation should be done at the earliest possible moment, provided,

4. That we wait till the primary shock, if any be present, has subsided.

5. In a case of suspected but doubtful perforation, a small exploratory opening should be made under cocaine to determine the existence of a perforation, and if hospital facilities for a blood count and for immediate bacteriological observation exist, their aid should be invoked.

6. The operation should be done quickly, but thoroughly, and in accordance with the technic already indicated.

7. The profession at large must be aroused to the possibility of a cure in nearly, if not quite, one-third of the cases of perforation, provided speedy surgical aid is invoked.—*Phil. Med. Journal*, Nov. 4, 1899.

CANCER OF THE STOMACH.—The following rules are suggested upon which to base a positive diagnosis of cancer of the stomach:

1. If particles of tumor are found (in the wash-water or in the tube) which under the microscope reveal the characteristic picture of a malignant growth.

2. The presence of a more or less large tumor with an uneven surface, belonging to the stomach and associated with dyspeptic symptoms.

3. The presence of a tumor associated with frequent haematemesis.

4. Constant pains, frequent vomiting, isochymia, emaciation—all these symptoms being quite permanent and not extending over too long a period of time (six months to a year.)

5. Tumor and isochymia.

6. Emaciation, isochymia, presence of lactic acid.

7. Constant anorexia and pains, not yielding to treatment, accompanied by frequent small hemorrhages of coffee-ground color.—*M. Einhorn*, in *New York Medical Journal*.

RECTAL IRRIGATION. (Hyde.)—Irrigation of the rectum with hot water is sometimes preferable to the vaginal method, as it acts more directly on the pelvic circulation. It avoids washing away the protecting acid mucus of the vaginal fornix, and is to be preferred for young girls. It is of special value for chronic pelvic inflammations, with the exception of pyosalpinx. It is particularly valuable for the early stage of intestinal paralysis following sepsis and to relieve tympanites. Dr. Hyde is a firm believer in rectal irrigation in the treatment of hemorrhoids. If employed early, it will abort them in 99 cases out of 100. It has also proved one of the most valuable

of remedies for acute nephritis with the secretion of a small amount of urine.—The American Gynecological and Obstetrical Journal, August, 1899.

BONAPARTE'S DEATH.—As is well known (says the Medical Press and Circular,) Napoleon Bonaparte died of carcinoma of the stomach at the age of fifty-two, his father having died at the age of thirty-eight, of the same disease. When Napoleon was born his mother was very young—between sixteen and twenty. In commenting upon these facts Mr. Hutchinson, in a new number of his "Archives," states that cancer is more

common in the children of aged parents than of young ones, and suggests that the outbreak of cancer in Napoleon was probably due to inheritance, coupled with the depressing and annoying conditions under which his last years were passed.

TO CLEAN RUSTY INSTRUMENTS.

—Fill a suitable vessel with a saturated solution of stannous chlorid (chlorid of tin) in distilled water. Immerse the rusty instruments and let remain in the solution over night. Rub dry with chamois after rinsing in running water, and they will be of a bright silvery whiteness.—Dental Digest.

DEPARTMENT OF PROCTOLOGY.

UNDER THE DIRECTION OF WELLINGTON BURKE, M.D., LOS ANGELES, CAL.

SOME PRACTICAL NOTES UPON DISEASES OF THE RECTUM.—In a paper read at a meeting of the Medical Society of Philadelphia, Oct. 31, 1899, Lewis H. Adler, Jr., M. D., Philadelphia, clearly set forth the necessity for a careful examination of all patients complaining of rectal trouble, and insisted upon the physician declining to prescribe upon the patient's statement.

The position taken by the essayist is in our opinion an eminently correct one—In the paper he calls attention to many of the ordinary diseases of the rectum, some of which we here quote:

Congenital malformations of the anus and the rectum, while by no means a common occurrence, occur often enough (one case in about eleven thousand births) to justify attention being called to the necessity for every new-born child being carefully examined at the time of its birth. If this step were made a routine practice, subsequent mortification would be avoided in having the nurse or some member of the family call the doctor's attention to the fact that the child had not had a movement of the bowels since its birth, and that they

were afraid that something was wrong with the child's parts.

Proctitis (inflammation of the rectum, involving one or all of the four coats of the bowel) and periproctitis (inflammatory changes occurring either primarily in the loose areolar tissue on the outside of the rectum or as a secondary process due to an extension of a proctitis) are mentioned because of their marked tendency to lead to suppuration, and suppuration in or around the rectum is often followed by a fistula. I should like to dwell upon this subject did time permit; let it suffice for me to urge upon those attempting to deal with suppurative processes in the neighborhood of the rectum to avoid poultices and to lay the affected parts freely upon as soon as the formation of an abscess is recognized, even before pus occurs. The mistake usually made when the knife is employed is that of making the incisions or incision too small.

In dealing with abscesses around the rectum it is also essential to have free drainage, and that the incision should lay open most freely all tissue that has even the semblance of being indurated. This

is the only secret, if such it may be called, in the successful treatment of abscesses in this locality and in the prevention of a fistula.

In cases of fistula in ano it is to be remembered that the sinus may be the result of a stricture of the rectum, and under such circumstances the usual treatment directed for the relief of a fistula will not suffice for a cure. A digital examination of the bowel will, as a rule, prevent such an error being made.

To the average practitioner the internal variety of fistula is the most difficult to recognize, as it has no external opening. It is also the most treacherous form to deal with unless promptly diagnosed. It frequently arises from a spiculum of bone, a splinter of wood, or a fish bone being swallowed and then lodging in the constricted part of the anus. More than once patients have consulted me complaining of the sudden onset of pain at the lower portion of the bowel and upon making a digital examination I have found such foreign bodies. The prompt removal of the offending substance will prevent the formation of a fistula.

In dealing with the subject of a fistula it may be wise to mention that the internal opening in most cases is to be found between the two sphincter muscles, and not, as most practitioners seek it higher in the rectum. A very simple means of ascertaining the location of the internal orifice of a fistula is by the injection of some fluid, such as peroxide of hydrogen, milk, a solution of creolin, or one of permanganate of potassium. These substances may be injected into the external opening (it is only in cases in which an external opening exists that his method is applicable,) and if an internal communication with the bowel exists the fluid used will be seen oozing out of the anus or else found within the rectum.

It should always be borne in mind that a fistula may not be connected with the bowel, but with the genito-urinary tract.

The escape of urine through the sinus will settle the question.

The question is frequently asked as to whether it is prudent to operate upon a patient suffering from pulmonary phthisis. If the lung trouble is active, as in cases of so-called galloping consumption, my answer would be in the negative; otherwise, operate.

It is not essential in all cases of fistula to etherize the patient for the operative procedures required to effect healing of the tract, nor is it necessary to put the patient to bed before a cure can be effected. Simple cases of fistula, or cases in which a general anesthetic is contraindicated, may have the parts rendered as aseptic as circumstances will permit and then under the influence of a local anesthetic, such as cocaine or eucaine, the tract may be painlessly opened and a cure result; the patient not being confined to bed, but advised to rest as much as possible until the wound has healed. Personally, I have employed only cocaine for this purpose, and that drug I use in the strength of a two to a four-per cent. solution—never stronger.

The diagnosis of ulceration of the rectum and of the sigmoid flexure must of necessity be attended with more or less difficulty, but the presence of an ulcer may be suspected when the symptoms of intestinal inflammation persist for some time, and especially when they are accompanied by hemorrhage, diarrhoea, and more or less mucoid discharge. Frequently, cases diagnosticated as dysenteric attacks are in reality due to the presence of an unrecognized ulcer, either of the rectum or of the sigmoid flexure.

Irritable ulcer or fissure of the anus is a disease entailing such extreme misery to the patient, and its symptomatology is so characteristic, that it is often a matter of surprise to me to see patients so afflicted go so long without the nature of the affection being recognized by the medical attendant. In all cases presenting a history of pain, which is paroxysmal in character and always asso-

ciated with the act of defecation, though not necessarily accompanying the actual passage of the motion, but which comes on shortly afterward with great intensity, and is succeeded by a dull, gnawing, and an extremely distressing sensation, situated immediately within the anus, the presence of a fissure should at least be suspected, and a careful examination of the patient's anus and rectum should be made. The pain alluded to frequently lasts for many hours and completely incapacitates the sufferer from following any occupation.

Many cases of fissure of the bowel are treated by the family physician with an opiate in order to relieve the distressing suffering. Nothing could be employed that would do more harm than this much-abused drug. The best remedy to use is iodoform, preferably in the form of a ten-grain suppository, of which one should be carefully inserted into the rectum half an hour before an expected movement of the bowels and another immediately after the passage has occurred.

Hemorrhoids, though the most frequent of all rectal diseases, will be alluded to only briefly, as justice can not be done otherwise to the scope of this article in the time allotted. The division of hemorrhoids into external and internal is generally known and accepted by the profession. I have no doubt that it is also known that in reality, as well as in name, the one belongs to the exterior of the rectum and the other to within the bowel. In nearly all cases patients endeavor to reduce both varieties of piles by pushing them into the rectum, in this manner aggravating the external form and increasing their suffering. I

am sorry to add that some of these patients have acted in this manner under advice from medicinal men. Had these physicians taken the trouble to examine their patients I am sure that no such advice would have been given.

All cases of hemorrhoids do not require operative interference. In the formative stage of hemorrhoids frequent ablutions of the part with cold water will allay, if not abort, inflammatory tendencies of the veins, which otherwise finally lead to piles. On the other hand, in those cases which demand operative measures, I am not in sympathy with the advice so often given to postpone operation until the acute inflammation has subsided. It is when the patient is suffering that consent will be most readily obtained, and it is owing to such advice that these patients finally drift into the hands of the quacks.

External hemorrhoids, when inflamed or otherwise, can always be painlessly removed under cocaine anesthesia, and it is at the time that they are inflamed that the operation does the most good, for it not only radically removes the trouble, but it quickly alleviates the intense suffering which their presence otherwise occasions.

Hemorrhoids are sometimes a symptom of some more remote and more important visceral disease, such, for instances, as cirrhosis of the liver, uterine displacements, etc. Under such circumstances, the surgeon who looks at these cases with the eye of a specialist and directs his treatment solely to the rectum will sooner or later come to grief as well as run the risk of doing his patient irreparable harm.

DEPARTMENT OF HYGIENE.

BY S. B. SWEET, M. D., LOS ANGELES, CAL.

ATHLETICS IN THEIR RELATION TO MALE GENITO-URINARY ORGANS.—G. Frank Lydston, "Med. Mirror," says:

Second only in importance to relation of athletics of heart circulatory and respiratory systems, is relation to genito-urinary system.

Athletics may be divided into three classes: (1) Athletics for health, (2) competitive athletics, (3) professional athletics as means of livelihood. We do not deal with the last in this paper only as it sets a lead example to the amateurs on the occasional exhibition of athletic idiocy given by professionals.

We will first consider athletics within physiologic limits, to normal sexual activity.

Athletics in rational limits (no matter much the form used) is an exaltation of all bodily functions in particular muscular and nervous tissue.

Improved digestion and assimilation always follow and associated are equal improvement in sexual vigor and functional capacity.

Now, in cases where there exists irritability—not mechanical nor inflammatory—which would be aggravated by motion; athletics properly practiced regularly and carried to point of muscular fatigue offers no better cure for irritability in young men which leads to sexual excess. When athletics practiced to point of extreme fatigue and normal muscular development sexual development and activity are very likely to be inhibited.

To put the matter in a conventional but no less practical light—there is no better method of diverting the superfluous cussedness of human nature into more rational channels than by prescribing a course of vigorous training.

Athletics carried to excess and overstraining as it does nerves and muscles, may or does lead to prolonged impairment of sexual function.

A WORD ABOUT CYCLING AS EXERCISE.—My experience goes to show that cycling except within very mild limits, results in sexual hyperemia, and over activity of sexual organs leading to excess, where there was actual disease of the genito-urinary organs, always causing relapses and further trouble.

Inflammation is not produced *de novo* in those possessing healthy genito-urinary organs. One exception might be made in case of individuals who ride that peculiar form of cycle invented by the devil and dedicated to Eros—the bicycle built for two.

Again such exercise as running, walking and jumping enhance existing inflammation without doubt. Lastly, the systematic practice of athletics, that which is involved in what is called “getting in a condition,” develops a necessity for muscular labor that is sometimes troublesome.

The man who gets himself “in condition” will in time acquire a physiologic habit that will embarrass him later in life.

I do not advise would-be athletes against getting in perfect condition occasionally.

THE GALLINGER BILL FOR THE FURTHER PREVENTION OF CRUELTY TO ANIMALS.—In our recent indorsement of the opposition to this bill we gave the names of the members of the Senate Committee on the District of Columbia, to any one of whom, or to other senators, personal letters on the subject may be sent. Petitions should be addressed to the Senate of the United States. Since our article was published, the constitution of the committee has been changed somewhat. It is now constituted as follows: Senator James McMillan, of Michigan (chairman); Senator J. H. Gallinger of New Hampshire; Senator H. C. Hansborough of North Dakota; Senator R. Redfield Proctor of Vermont; Senator J. C. Pritchard of North Carolina; Senator Lucien Baker of Kansas; Senator George L. Wellington of Maryland; Senator S. R. Mallory of Florida; Senator W. V. Sullivan of Mississippi; Senator W. A. Clark of Montana; Senator Thomas S. Martin of Virginia; Senator William M. Stewart of Nevada; and Senator Richard Kenney of Delaware. [N. Y. Med. Jour.

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EDITORIAL.

The American Giant.

American enterprise, American climate and American life, are all working together to develop a human being that greatly differs mentally and physically from any type of his Dolly Varden ancestry.

The average American is a Trinity. His red blood is a mixture of at least three strains. The three are usually from the following nationalities: English, Irish, Scotch, Dutch, German, French, Italian and Spanish.

With such an origin and such new and strange surroundings as we have in this great nation it is not surprising that a new man is being developed.

Recently, according to the Medical Times, there has been exhumed from the

ruins of Pompeii a number of actuary tables. From these tables we find, as calculated by the life insurance companies, that the expectation of life of the American citizen exceeds by eleven years that of the ancient Italian. The average expectation of life in the United States exceeds by two years that of England, and that of England exceeds by two years that of Europe, taken as a whole.

Another important factor which must be considered with the question of the improvement of mankind, is that of stature. It is a fact that the average American of today is a taller man than the average founder of this country. The average Englishman of today is unable to encase himself in the armor

which his forebears on either side wore at the battle of Hastings. By way of comparison it may be remarked that the American is an inch taller than the Englishman, while the Englishman, in turn, is an inch taller than the average Continental.

The records of the athletes of Greece and Rome in the days of their greatest strength fall far short of those of the present day. At a recent date the athletes of the New World in competition against the Greeks at the Olympian games at Athens broke all the records of antiquity.

In conclusion it may be said that the peoples of the world are increasing in number from decade to decade. They are increasing still more rapidly in individual accomplishment. Judged from the standpoint of races the white is becoming more and more predominant. The enlightened races are growing longer lived. The subjects of civilization are increasing more slowly; the barbarians are gaining but little, while the savage races are losing. Throughout the world the average length of life, the average intelligence and the average population is increasing from period to period.

In view of facts clearly established we cannot resist the conclusion that the present progress of the 1,500,000,000 of human beings who inhabit this globe is marking that we are on the eve of a development which as far transcends that of the present as the present surpasses that of centuries past.

L.

Hypnotism in the Prevention of Sickness After Anesthesia.

"Blumfeld, in the London Lancet of September 23, 1899, says that some of the chief points to be attended to in the avoidance of

after-sickness are: (1) Use as little of the anesthetic as possible consistent with perfect anesthesia; (2) wash out stomach at the close of the operation when much mucus has been swallowed; (3) in long operations substitute chloroform for ether after three-quarters of an hour; (4) move the patient about as little as possible during and after operation; (5) place him on his right side in bed with the head only slightly raised; (6) give nothing but hot, thin liquids in small quantity for at least eight hours after; and (7) do not alter the temperature of the room for some hours. With proper attention to these points one-third of the patients operated on will be free from after-sickness, and for short operations the proportion will be much higher still. In fact, after all administrations up to twenty minutes, or not much longer, sickness will be found to be the exception."

The above are all practical suggestions. We have seen several different methods used with the same object in view. The one we have seen used most is the inhalation of vinegar. This has seemed to us to be a failure although those who use it regularly claim that it is successful in the great majority of cases. The plan of using the vinegar was to put it in an ether cone and employed it just as ether was employed beginning immediately at the completion of the operation. Recently we have heard frequent mention of the use of hypnotism and in one operation of our own, an amputation of the cervix in the California Hospital, it was used with apparent success. The hypnotist began his suggestion as the anesthesia was begun and continued with his suggestive methods until three hours after the completion of the operation. The patient had no nausea whatever.

We hope to see this experiment tried more extensively as it may prove that hypnotism is of practical value in this direction.

L.

Proposed Investigation of the Native Drug Plants of the United States.

The Secretary of Agriculture, Hon. James Wilson, has embraced the following paragraphs in his Annual Report, which, in more particulars than one, is of interest to the medical profession:

"The collection of native drug plants in the United States, considered from a purely financial standpoint, aside from medical and humanitarian aspects, involves the expenditure of millions of dollars annually. The commercial extermination of some of the most useful species is already threatened, and doubtless others would be found in the same conditions were the facts known. The price of one native plant, ginseng, our exports of which average more than a million dollars annually, has more than quadrupled in the past thirty years, so that its cultivation, as urged four years ago by this Department, has now become profitable. It is clear from this and many similar cases that the native drug industry is capable of either decline or improvement, according to the way in which we handle it.

"The Pan-American Medical Congress has recently submitted to me a proposition to cooperate with this Department in a technical and statistical investigation and classification of our native drug plants. By accepting this proposal we shall secure, in a research of which we have long felt the need, the cordial assistance and support of an influential association of learned physicians; we shall encourage each of the other American nations, all of which are represented in the Pan-American Medical Congress,

to proceed with a similar investigation of their own medical flora; we shall furnish a basis for the remunerative employment of much land and many people, and we shall stimulate the great growth and growing trade in drugs between the countries of North America and South America. I urge the appropriation of \$10,000 to enable this Department to cooperate in this investigation."

It seems to us that this is a move in the right direction. Too much of our knowledge in regard to the medicinal properties of plants is in an embryonic state and, if these suggestions be carried out, it will enable the profession to gather accurate knowledge in regard to the therapeutic properties of our own plants. It will stimulate investigation and help the professions of the different American Republics to become better acquainted with one another.

Thirteenth International Medical Congress.

The Thirteenth International Medical Congress will be held at Paris, August 2nd to 9th, 1900, and, by reason of the fact that the great International Exposition will be in operation during this time, there can be no doubt that the number of physicians attending from all parts of the world will be very large.

The conditions for membership are not great: All Doctors of Medicine may become members of this Congress by declaring their wishes, stating the section in which they want to be entered, and enclosing \$5.00, and sending the same with their visiting card to either Dr. Wm. Osler, president, or Dr. Henry B. Jacobs, secretary, of the American National Committee, No. 3 West Franklin

street, Baltimore. The American Committee will return receipt for the amount sent and send the applications and money to the Secretary-General in Paris, who will in due time send cards of admission to all applicants.

Individuals desiring to present papers must forward the title and a resume before May 1st to the secretary of the section to which they belong. And it is worthy of note that they are not going to have any long-winded papers, for the time occupied in reading them is to be limited to 15 minutes.

Notice to Subscribers.

The announcement of the reduction of the subscription price of the Southern California Practitioner to \$1.00 per annum has attracted a great deal of attention. All who have previously paid \$1.50 subscription for the year 1900 will be given a receipt in full for 1901 on the payment of .50 additional. This amount can be either paid now or towards the end of the year when the subscriber should call the attention of the Business Manager to the previous payment.

From Miracles to Medicine.

We never expected that a religious discussion would occupy our pages, and the two articles with the above title are our limit.

The February Critic tells us of the death of Mrs. Ellen Clementine Haworth, in Trenton, New Jersey. She was born in poverty, and in poverty lived and died. In very early life her husband was crippled and she had a family of seven children thenceforward to support by caning chairs.

Yet she wrote some beautiful poems, among them was that very popular one, "'Tis But a Little Faded Flower." Another we here quote in full:

ADRIFT.

"'T is mounting now on the billows high,
Now cast in the gulf below,
A tiny boat, 'twixt the sea and sky,
Tossed helpless to and fro.
By a careless hand was the rope untied
And the little boat set free;
And now, at the mercy of wind and tide,
It drifts on the stormy sea.

"On its homeward course, with the port in view,

The good ship speeds along,
With a trusty crew, and a pilot true,
And timber firm and strong.
But none shall welcome the pinnacle back
That the careless hand set free;
It is far behind on the good ship's track,
Adrift on the stormy sea.

"And thus, how oft, by the thoughtless word
Are the cords of faith untied,
And the faithful preachers of the Lord
Are parted from our side!
And the waves of passion o'er us roll,
And the winds of hate blow free.
Alas! for the unbelieving soul
Adrift on the stormy sea.

Such a life and such sentiments are
a benediction to mankind.

Phi Rho Sigma.

The Medical Fraternity, Phi Rho Sigma, of the College of Medicine, U. S. C., has established a chapter house at 221 College street. The house contains five well lighted and commodious rooms with bathroom, hot and cold water and all modern improvements in connection. A telephone will be put in and the rooms will be a great convenience to the fraternity members. The rooms are within two blocks of the college and are therefore of ready access at all times. Two of the students have moved into the house and more will follow.

The fraternity has now 20 active members in its chapter and as the number

is limited to 25 (active) there will probably be no more students taken in until next year. The following gentlemen were initiated at the last regular meeting; H. W. Barlow, Justin Toles, J. H. Hall, R. S. Petter.

Society Meetings.

Regular meeting of the Los Angeles County Medical Association, at Blanchard Hall, Friday, Feb. 2nd, 8 p.m. Dr. Hamilton Forline read a paper on "Syphilitic Endarteritis," with report of case. Dr. H. G. Brainerd opened discussion. Dr. Carl Kurtz reported case of "Hydronephrosis."

Dr. D. S. McCARTHY,

Secretary.

An Overworked Office Boy.

We have received the following letter which indicates that even in a warm climate the poor office boy is put under a great strain.

NEW ORLEANS, Jan. 31, 1900.

Dear Sir:—I send you an original article from my pen scribbled at odd times, and owing to pressure of work I have not had the time to revise it, therefore ask that you do so for me.

If you can use the article I will secure you an advertisement from the Condensed Albuminoid Company, provided you will give me 1000 reprints. I want to get known all over the country for my own good in my special line and at the same time will do all I can to assist the company which has favored me in many ways. If you can use them send the price on one-quarter page for one year, payable quarterly, which are the terms extended by all the Journals

which they are using. I will favor you later with matter interesting when I have the time and in this instance I have had to trust the writing of this to my office boy.

Thanking you in advance for the favor and awaiting your reply with interest.

I am cordially,

A. B. C. ROCK.

The office boy's article is simply that familiar type bringing in a few prescriptions containing the business end of the proposition. The Southern California Practitioner is not hide bound but at the same time it draws the line at such raw commercialism.

The Academy of Medicine.

The Academy of Medicine of Los Angeles was organized July 8th, 1899, and meets regularly every second and fourth Friday nights in each month at Blanchard's Hall, reserving the right to accept invitations and meet at the residences of individual members when feasible.

Object of the Academy of Medicine of Los Angeles is to study and promote regular medicine and surgery. There are twenty-two active members at present. The meetings are well attended and a full quota of scientific work is being accomplished.

Officers for the ensuing year are Dr. J. W. Trueworthy, president, and Dr. B. F. Church, secretary.

Most respectfully,

B. F. CHURCH,

Secretary.

Editorial Notes.

"Rubber Heels." Since the publication of the brief notice in the Southern Cal-

ifornia Practitioner, two months ago, stating the advantages of wearing rubber heels, we have talked with a number of physicians who are wearing them and they all speak most highly of them. Take it in the hospital, for instance, where a man will forget himself and if he is not wearing rubber heels his step will resound through the building like a team of horses on a paved street, while, if he wears rubber heels, his step is almost noiseless. There is also the great advantage of comfort and ease of locomotion on our street pavements.

Antitetanic serum has been resorted to in serious cases of lockjaw at the Roosevelt Hospital, New York, and the results were so satisfactory that Drs. Johnson and Abbe of that institution, stated at a meeting of the New York Surgical Society, that they would certainly adopt the same treatment in the future. In the cases referred to, trephining had become necessary, but in

milder cases it is usual to apply the serum subcutaneously.

SECUNDUM NATURAM.

Old Doctor X is dead; he's now

Within the realm of joy,
Where aches and quakes and ills and
chills,

And powders, pastes and sugar pills,
And—yes, ah yes, long unpaid bills,
Can never more annoy!

He's paid to earth his mortal debt,

He lived to fight disease,
Whose fierce assaults, with all his
might,

(Hydrargyrum Chloridum mite
And fiercer salts), he put to flight
His enemy with ease.

He fought his foes 'gainst heavy odds

And many battles won,
With blue mass pills he made attack
And reinforced with Ipecac,
And, Oh, the hosts he's driven back
With small, hard rubber gun!

Old Dr. X. is dead, there is

No longer doubt of that,
Alas, no potions more he'll mix,
No compound fractures more he'll fix,
For Dr. X. has crossed the Styx!

IN PACE REQUIESCAT!!

J. LEE HAGADORN.

BOOK REVIEWS

THE PENALTIES OF TASTE and other Essays. By Norman Bridge. Herbert S. Stom & Co., Chicago and New York. 1898. Price \$1.

"The Penalties of Taste" is the title of the first of a series of most interesting and introspective essays which will prove to be of great profit to the reader. Even the most obtuse person will agree with the author that "The purpose of knowledge is to increase the life and comfort of man," and yet while believing this he shows us how we constantly and persistently thwart this purpose by erecting for ourselves, and quite against our better judgement, artificial barriers, customs and absurd standards of living.

In other words subjecting ourselves to the whims of what we are pleased to call taste, a word that has been so perverted in its usage that the true meaning is often lost sight of.

The author shows us how the word is applied in a most varied sense; to whimsicalities of fashion, society, art, language and even education, indeed, no environment of life being free from its dictates. So rigid are its laws to some that men and women become its abject slaves, and even though its mandates constantly change so as to entail an acrobatic feat of mind to encompass

them, still the laws of the Medes and Persians were not more faithfully observed. The writer tells us while "The primary purpose of taste must be to lead us right and is our natural guide" its standard is so often changed and its true ethical meaning perverted that in following the false standard nerves are shattered, spirits crushed and physical comfort ruthlessly sacrificed to an alarming extent. Further on the author tells us that so absolute are the laws of taste that they regulate the social standing of one "quite as much as education or intelligence," and he also shows us his thorough knowledge of human nature when he says that "the social scale is next to freedom from starvation, frosts, and sunstrokes, the most important thing in the world" and any solecism is "worse than being charged with theft or indicted by a grand jury," and so through every walk of life some standard holds sway, if it be an artificial one health and happiness are sacrificed to it.

After showing the effects that these false standards of taste produce and the evils that follow in their train he deplores only the artificial, the vulgar, the useless, only the "high taste without its necessary background of character and attainments;" but a development toward a "more perfect adjustment to his environment" is the true standard of taste and ought to be assiduously cultivated. A careful reading of this valuable little essay will make us determined to help the next generation to be a little more free from the "penalties" which this one has unnecessarily heaped on itself.

We would like to lay before the reader a few of the many fine points in the other admirable essays which show so keenly the analytical mind of the author in dealing with abstract subjects, but space will not permit us. In "Two Kinds of a Conscience" he shows the subtle, complicated, and often almost

unconscious motives which prompt people to action and thence to different standards of life. We can only mention the titles of the other essays and hope the reader will avail himself of the first opportunity to read them:

Bashfulness, The Nerves of the Modern Child, Some Lessons of Heredity, Our Poorly Educated Educators.

The medical profession can well feel proud that such a healthful, helpful work has emanated from one of their number.

The Medical Monograph published monthly at Topeka, Kansas, has adopted the novel plan of making each issue a specialty on some one branch of medicine or surgery. The November number is devoted to Genito-Urinary diseases and is full of excellent material.

"STRINGTOWN ON THE PIKE."—Mr. John Uri Lloyd, the well-known chemist and botanist of Cincinnati, has done considerable creditable literary work outside of the sciences in which he has become so noted. Messrs. Dodd, Mead & Co. of New York, announce as their serial story for the "Bookman" of 1900 beginning in March, "Stringtown on the Pike."

It is said to be a most fascinating story of American life in the commonwealth of Kentucky. We have no doubt but this story will add to the laurels that have already been won by this writer and scientist.

By the way we believe that every physician should take some literary publication like the "Bookman" or the "Critic." There is a restfulness in the reading of such publications as these that the busy practitioner needs.

A TEXT-BOOK OF DISEASES OF WOMEN.—By Charles B. Penrose, M. D., Ph. D., Professor of Gynecology in the University of Pennsylvania. Published by W. B. Saunders, 925 Walnut St., Philadelphia.

A book of the Twentieth Century. Those who have seen the first and second editions of this book will need no introduction to the third. The general

construction of the book is excellent. While it is not so abundant in detail as many of the larger works, the aim of the book is to present to the reader the standard line of treatment of each disease rather than a number of lines of treatment. Its conciseness in this direction makes it useful to the busy practitioner. The cuts are exceedingly good.

Chapter XLII deals with "The Special Technique of Operations Upon the Uterus and the Uterine Appendages." It covers about twenty-five pages, and is free from the trash that is frequently found in such a chapter. It closes with a concise statement of two pages on the effect of the removal of the uterine appendages.

A MANUAL OF THE PRACTICE OF MEDICINE.—Prepared especially for Students. By A. A. Stevens, A. M., M. D., Professor of Pathology in the Woman's Medical College of Pennsylvania. Fifth Edition, Revised and Enlarged. Illustrated. Published by W. B. Saunders, 925 Walnut St., Philadelphia.

This little book, which is intended for the student, is a useful one, and contains many useful hints for the graduate in medicine as well as for the student. To be sure, there is a question of how far it is wise for students to gather their knowledge from compends, as there is always liable to be too much abbreviation in the acquirements of knowledge. Especially is this true of medicine. The fact that four previous editions have been exhausted, would indicate that the work has a place in medical literature.

ATLAS OF THE BACTERIA PATHOGENIC IN MAN. By Samuel G. Shattock, F. R. C. S., Joint Lecturer on Pathology and Bacteriology, St. Thomas Medical School, London, etc. With Introductory Chapter on Bacteriology; its Practical Value to the General Practitioner. By W. Wayne Babcock, M. D., Clinical Pathologist to the Medico-Chirurgical Hospital, Philadelphia, etc. Sixteen full-page Colored Plates, E. B. Treat & Co., New York 1899. Cloth 12mo. Pp. 82. Cloth, \$1.

LEA'S SERIES OF POCKET TEXT-BOOKS. Histology and Pathology, by John B. Nichols, M. D., Demonstrator of Histology, Medical

Department Columbian University, and F. P. Vale, M. D., Assistant in Pathology, Medical Department University of Georgetown, Washington, D. C. In one handsome 12 mo. volume of 452 pages, with 213 illustrations. Cloth, \$1.75 net. Flexible red leather, \$2.25 net. Lea Brothers & Co., Philadelphia and New York.

This volume presents compactly, clearly, authoritatively and at a very moderate price, the essentials of two important subjects which illuminate each other. The normal structure of the tissues is a standard by which morbid changes can be recognized and measured. Pathology steps in after Histology, and regarding each disease as an entity, describes its nature, signs, course and effects, thus yielding an understanding indispensable as a prerequisite to the practice of medicine.

Why the publishers call this a Pocket Text Book is to us inexplicable. It is an elegant volume of nearly 500 pages that could only be put in the pocket of a very large overcoat—such as is never seen in Southern California. The title was possibly given with particular reference to the Alaskan trade. This whole series is well worth a place in our libraries.

A MANUAL OF THE DIAGNOSIS AND TREATMENT OF THE DISEASES OF THE EYE. By Edward Jackson, A. M., M. D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic; formerly Chairman of Section on Ophthalmology of the American Medical Association; Member of the American Ophthalmological Society; Fellow and ex-president of the American Academy of Medicine. With 178 illustrations and 2 colored plates. W. B. Saunders, 925 Walnut St. Philadelphia, 1900. \$2.50 net.

Of the making of many books there is no end. Some are bad, some are good, more are indifferent. In the little work before us we have one of the good class. Dr. Jackson evidently has a happy faculty of expressing himself clearly and interestingly, at the same time, not using words for literary effect. The book is intended for the medical student and the general practitioner,

and for this class of readers the reviewer is not acquainted with its superior.

THE MODERN TREATMENT OF WOUNDS.—

By John E. Summers, Jr., M. D., Surgeon-in-Chief to the Clarkson Memorial Hospital; Attending Surgeon Douglas County Hospital. Formerly Professor of the Principles and Practice of Surgery and Clinical Surgery, Omaha Medical College; Ex-President of the Western Surgical and Gynecological Association, the Nebraska State Medical Society, and the Omaha Medical Society. Medical Publishing Co., Publishers, Omaha, 1899. Price \$1.50.

This a very practical volume from the brain and pen of a middle-west surgeon of extensive experience and great repute.

NOTES ON THE MODERN TREATMENT OF FRACTURES.—By John B. Roberts, A. M., M. D., with thirty-nine illustrations. Price \$1.50. New York. D. Appleton & Co. 1899.

The author is one of those hardworking original pioneers who blaze the trees through the wilderness that others may intelligently follow. The first chapter especially insists on incision over fractures.

"My advocacy of cutting down upon closed fractures is limited to cases in which ignorance of the exact lesion, impossibility of reduction, imperfect immobilization, or failure to deal efficiently with complicating lesions, make the incision the lesser of two evils. An aseptic incision is almost devoid of risk, even if it opens a joint. * * * A similar method of dealing with luxations which are not readily reduced by manipulation under anesthesia is, in my opinion, preferable to a long continuance of unsuccessful manipulations, the application of great power by apparatus, or the relinquishing of the attempt to restore the integrity of the joint. * * * Arthrotomy for irreducible dislocations is not a novel suggestion."

He also recommends subcutaneous nailing of broken bones that have an unusual tendency to displacement, whether the displacement be due to great obliquity of the line of fracture or to exceptional muscular contraction. "Every doctor should have in his office the parts of a human skeleton. At times nothing so clearly straightens out an obscure diagnosis as a moment's inspection of the bare bones." He also urges general anesthesia in making diagnosis of fractures.

He quotes approvingly Professor Chiene of Edinburgh, who said "he disliked ready-made splints as he did ready-made trousers; they never fitted." The author says: "Plaster of Paris is by all odds the best material for molded splints."

The author also takes up special fractures giving the technique in a most practical manner.

THE JOURNAL OF TUBERCULOSIS.—A quarterly magazine devoted to the prevention and cure of tuberculosis. Ashville, N. C.

Subscription price \$1.00 per year. We welcome this publication to our library table. Dr. Carl von Ruck is the editor. It is especially valuable to the profession of Southern California and Arizona.

AMERICAN YEAR BOOK OF MEDICINE AND SURGERY.—W. B. Saunders, the indefatigable medical publisher of Philadelphia, announces that this year his American Year Book of Medicine and Surgery will be in two volumes. One volume will be on medical subjects and the other on surgical subjects. This method will have several advantages. One is the great convenience of a smaller volume from a great, bulky book, and the other is that a person who is interested only in medical subjects can get the medical volume alone, while one who is interested in surgical subjects can get the surgical volume alone. The price will be \$3.00 per volume in cloth and \$3.75 in half morocco.

"THE NEWER REMEDIES."—McKesson & Robbins announce the fact that there is a misprint in the third edition of "The Newer Remedies," by Prof. Virgil Coblenz, whereby the dose of Blennostasine is given as from 1 to 4 grammes (15 to 60 grains) instead of from 1 to 4 grains.

HISTORY OF THE EVOLUTIONARY PROCESSES THAT LED TO THE DISCOVERY OF THE CIRCULATION OF THE BLOOD.—By P. C. Remondino, M. D., of San Diego, Cal.

This pamphlet of twenty-eight pages by our erudite and versatile friend Remondino is one of the most delightful, historical and philosophical monographs that we have ever had the pleasure of reading. We advise all who have not already supplied themselves with this little classic to send ten cents in stamps to Dr. Remondino, San Diego, and thus secure a copy.

OUR ADVERTISERS.

ALWAYS RELIABLE. NO DETRIMENTAL AFTER-EFFECTS

It has been proven by clinical tests that Neurosine (Dios) is the most effective and safest hypnotic known to the profession, and whereas it contains no morphine, chloral or opium, there can be no detrimental after-effects. Always of the same consistency, therefore may be relied upon to produce the same results under similar conditions. It is only necessary for physicians to give Neurosine a trial and they will be convinced that it is the standard remedy in the treatment of all forms of nervous disturbances. In uterine troubles it should be combined with Dioviurnia.

Dose: One teaspoonful to a tablespoonful three or more times a day, as indicated.

MOBILE, Ala., Jan. 25, 1900.

The California Phar. Co., San Francisco, Cal.

Gentlemen:—It gives us the greatest pleasure to write you and say that your "Vita Aurantii" gives the best of satisfaction to every one of our customers who are using it. The physicians here have become very much interested in same, and after testing it, say that it is one of the best articles of its kind ever put on the market. We predict a great future for your preparation of "VITA AURANTII" and we take pleasure in telling you that you have one of the best articles ever given to the Medical profession.

Yours, truly,
PARKER DRUG CO.

TREATMENT OF A CASE OF FACIAL NEURALGIA.

Bernays ("Report of a Surgical Clinic,") cites a peculiarly obstinate case of facial neuralgia with treatment. The patient was a lady aged fifty years, who showed a good family history and whose

previous health was also good. The trouble began with a severe neuralgic toothache of her lower right molars, and was paroxysmal at first, but after two months became continuous. The paroxysms generally occurred in the early morning, and entailed much acute suffering. The pain relieved by biting strongly upon some firm object, but returned immediately when the pressure was removed. The touch of anything cold or hot promptly excited a paroxysm. A moderate heat when sustained produced the opposite effect. In the effort to afford relief four molars were extracted, but without success. The patient strenuously held out against the use of narcotics in any form throughout the entire course of the disease. Antikamnia in ten-grain doses (two five-grain tablets) was found efficient as an obtundant, and was relied upon exclusively. Eight weeks after section of the nerve, when the report was written, there had been no return of her former trouble in any degree.—The Medical News, [January 13th, 1900.]

F. A. Rew, M. D., Imboden, Ark., says: My experience with S. H. Kennedy's Extract of Pinus Canadensis was so decidedly satisfactory and gratifying that I prescribed it with a positive assurance that benefit will follow its use. On the principle that "all astringents are tonics," I use the Pinus Canadensis, in small doses, in pneumonia, bronchitis, typhoid fever; indeed, where the mucous membranes need a tonic, and recognizing the similarity between mucous membranes and the external skin, I use it in erysipelas, nervous forms of eczema, and wherever the skin needs a tonic. It is all I need in many cases of ophthalmia and gonorrhea. Its special therapeutics would fill many pages, and I am satisfied that we will yet find new uses for it.

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ORIGINAL.

A DESCRIPTION OF CYSTOSCOPES FOR THE CATHETERIZING OF THE URETERS.*

BY GRANVILLE MACGOWAN, M.D., PROFESSOR OF GENITO-URINARY SURGERY IN THE
MEDICAL DEPARTMENT, UNIVERSITY OF SOUTHERN CALIFORNIA,
LOS ANGELES, CAL.

The real use of the electric cystoscope as a surgical adjunct, dates back only fifteen years, and the honor of invention belongs equally to its originator, Dr. Max Nitze of Berlin, the instrument-maker Leiter of Vienna, and Edison, whose perfection of the mignon lamp made its invention practical and its present construction possible.

The principle of all such instruments now in use is the same. A metallic tube terminates at its distal extremity in a lantern, which contains an electric lamp. In front of, and below this

lamp is an optical apparatus, which reduces the image of that part of the mucous membrane within the radius of the reflected rays of the lamp to microscopic proportions, and this is then magnified and restored to its natural proportions by another optical apparatus contained within the tube.

These instruments have proven extremely useful and have given an exactness to the diagnosis and prognosis of diseases of the bladder and kidneys unobtainable by other means. It is no longer necessary to guess simply, or

*Made to the Los Angeles County Medical Association, February, 1900.

elaborately, at the source of blood or pus in the urine, or at the condition of the mucous membrane of the bladder. We have at our command an agency by which we can from time to time inspect ocularly this mucous membrane, and determine its exact condition without detriment.

The manipulation of these instruments is but little more difficult to learn than that of the ophthalmoscope or the laryngoscope, but the apparatus is unfortunately expensive and the returns for the time and money expended, does not of itself make the knowledge very profitable. But it is an accomplishment that will be demanded by the public of every surgeon of repute, before the next ten years have passed, for cystoscopy serves not only to control the knowledge obtained by other methods of the condition of the bladder, ureters and kidneys, but rectifies absolutely, erroneous diagnosis.

All of the ordinary diagnostic points are fallacious, in the presence of blood or pus in the urine. The reaction of the urine, its color, whether brown or bright red, the predominance of small or large cells, the presence of casts, the profusion of the hemorrhage or of the secretion of the pus; the presence of polyuria, and the absorption of potassium iodide from the bladder, and the form of the epithelial cells in the debris, can none of them be depended upon to tell the source of trouble.

There are plenty of cases of cystitis with acid urine and plenty of cases of pyelitis with alkaline urine. No man possesses the power of telling the source of the small tailed, round, or tile shaped epithelial cells, which are generally assumed to come from the pelvis of the kidneys, for they are found in the lower layers of the mucous membrane of almost any part of the genito-urinary tract. Iodide of potassium is absorbed from an unbroken bladder wall as well as from one which is ulcerated. Profuse bleeding may arise from the presence of a stone without muscular exertion, and

from a neoplasm the quantity of blood in the urine may be very slight and occur only at long intervals, after muscular exertion. Blood from a tumor may flow very slowly, clot in the bottom of the bladder, the clots only disintegrating after many days and then color the urine brown, while the hemorrhage may be so rapid from a ureter that it will immediately color the fluid injected into the bladder.

Polyuria arises equally in pyelitis and irritative obstruction of an enlarged prostrate or seminal vesiculitis.

With the cystoscope, we look and see what the condition is. If the hemorrhage comes from one of the kidneys we can see it shot out with each contraction of the ureter as a flaming red cloud into the clear liquid with which we have filled the bladder, and a clot often swings like a pennant from the ureteral mouth. We can see the pus-laden urine pumped out of an undilated ureter, or flow as an irregular muddy stream, out of the mouth of an enlarged one.

But there are diseased conditions of the ureters and kidneys in which to perfect our information we need more than the ability to watch the mouths of the ureters and the necessity gave rise to the invention of the catheterizing cystoscope, an instrument through which we can introduce a catheter into either ureter while gazing at its mouth. This will settle positively for us the questions of the possible absence of one kidney, which is the diseased one, if one is diseased and if so, how badly is its mate affected, could it carry the load of both.

It also gives us a means which has already in skilled hands proven successful, of detecting the exact lodging point of stones caught in the ureter, of ascertaining whether this organ is patulous, strictured or spasmodically closed.

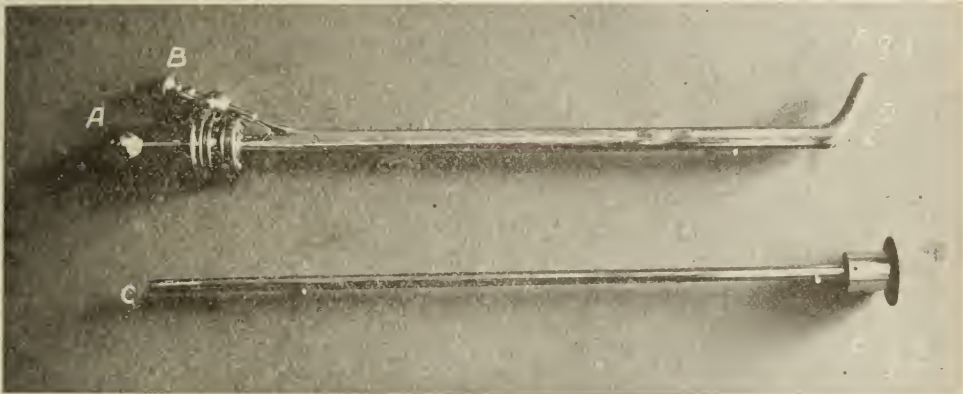
For nearly ten years I had known, that it is not difficult to catheterize a dilated ureter, but it is only within the past three years, since the perfection of the instruments of Casper, Albarran and

Nitze that I have been convinced of the feasibility of catheterizing all ureters. Of course, it is useless for a person to try to catheterize a ureter before he has reached that degree of proficiency in handling the cystoscope, that insures his ability to find the ureteral mouths, and it is in this as in other things—practice makes perfect.

In females, it is not always necessary to use the electric cystoscope for catheterizing the ureters, for advantage may be taken of the admirable method perfected by the joint labor of Pawlick, Howard Kelly and Rose and known in the United States as the Kelly method which by a little practice is easier but not so free from danger of injury to the bladder wall

The half-tones following, represent the catheterizing cystoscopes of Brenner, Casper, Albarran and the improved Nitze, known as the Nitze-Albarran. These are all markedly ingenious, the least useful is the Brenner, the most useful for the man who can only afford one cystoscope is the Albarran. These cuts were prepared from photographs taken of these instruments in my office.

The Brenner cystoscope differs from the others in that its optical apparatus, (Fig. 2,) is completely detachable from the other parts of the instrument. The center of the tube (Fig. 1,) is hollow and is occluded either by the obturator "A" or by the tube carrying the complete optical apparatus (Fig. 2.) It is intended to



THE BRENNER CYSTOSCOPE.

and ureters. This method is not only of no use in males but the attempt to carry it out is a highly dangerous surgical freak.

For a surgeon, so situated that he has not the time to learn to use the electric cystoscope and not the justification to employ some one who does understand its use, and who desires information about the secretion of each kidney, which though not exact or accurate is still fairly reliable, I recommend the use of the Harris separator. I have proved up the results obtained by this instrument several times with the electric cystoscope and am much pleased with its work in bladders free from deformity.

be introduced into the bladder the obturator "A" withdrawn, the bladder washed and filled with boric acid solution or boro-salicylic solution and the optical apparatus (Fig. 2) introduced. The prism "C" and the light "D" are both directly before the observer. The ureteral mouth being found the steel wire "B" is withdrawn and the small Rüschi catheter, a fac-simile of which accompanies the illustration of the Casper cystoscope, which accurately fits the opening, is introduced emerging at "E" and is pushed directly into the ureteral mouth.

The advantages of this instrument are, that it does away with the catheter for washing and filling the bladder, nec-

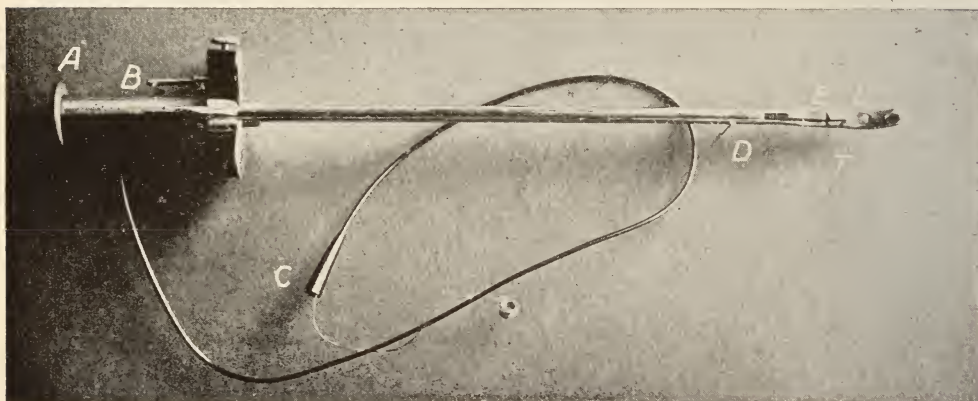
essary with other cystoscopes, which sometimes in irritable bladders is of considerable value, and that the view is always one directly in front of the observer. Its disadvantages are the extreme angle, nearly 90 deg., at which the beak joins the shaft which makes it almost impossible in prostatic obstruction, also that the angle of the catheter is unchangeable and that the outer part of the instrument must be raised very high in order to catch the mouth of a ureter.

The channel for the passage of the catheter is difficult to dry and consequently to sterilize, besides the obturator is liable to rust in it.

This movement of the obturator back and forth permits the operator at will to change the angle of divergence of the tip "T" of the catheter, thus giving a much greater control of the direction of its movements than can be had by the Brenner instrument. The small size of the catheter No. 5 F. used in this cystoscope makes it perfectly available in the hands of one accustomed to its use for the catheterization of any ureter the mouth of which can be seen.

THE ALBARRAN CYSTOSCOPE.

This consists of three parts (Fig. 1,) the cystoscope itself, a graceful instrument of French manufacture with a



THE CASPER CYSTOSCOPE.

THE CASPER CYSTOSCOPE.

This has a caliber in the shaft of 28 F. It differs from other catheterizing cystoscopes by the disposition of its ocular apparatus "A;" the manner of its connection with the conducting cords through the posts "B" and the novel method of forming a channel for the passage of the catheter "C." The superior surface of the tube is grooved. This groove contains a flange to which an obturator concave on its under surface fits accurately and slides back and forth opening or closing a space near the prism "F" allowing the introduction of the catheter into the bladder and the ureter and the withdrawal of the cystoscope leaving the catheter in place.

small shaft No. 18 F. which ends in a large prism to which a lantern containing a Leiter mignon lamp is attached at an angle of about 35 deg. The curve of the beak is such that it facilitates its passage into the bladder over prostatic obstructions. The irrigating attachment (Fig. 3) consists of a steel tube with its under surface made concave to fit the top of the cystoscope tube.

At its proximal extremity is a stop cock "A" which when in use is fitted with a piece of small rubber tubing. The distal extremity "B" ends directly in front of the prism where the stream of water introduced from a hand syringe can impinge directly upon the glass and cleanse it of blood, pus or mucus, which may

soil it during the passage of the instrument through a foul urethra.

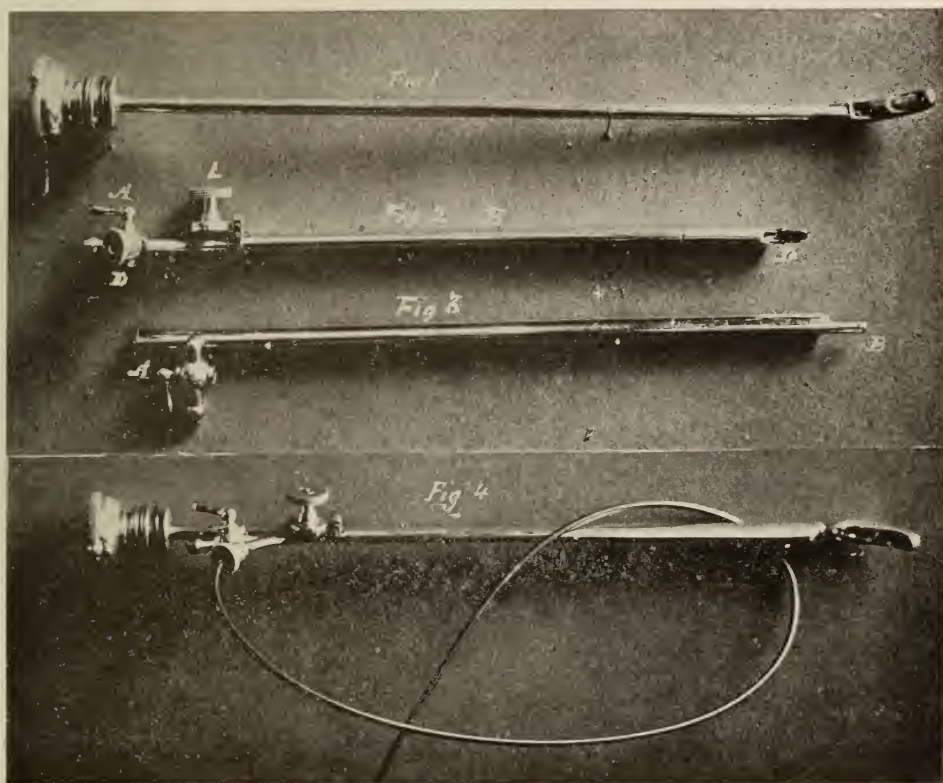
The caliber of the cystoscope when bearing the irrigating attachment is 25 F. (Fig. 2) is the attachment for catheterizing the ureters. This consists of a steel shaft "B" with a lower concave surface made to fit snugly upon the upper surface of the tube of the cystoscope.

It carries a steel tube suspended in its vault, which has a proximal Y, one branch

to introduce it into the ureter. The appearance of the instrument set up ready for catheterizing the ureters is seen in Figure 4; its caliber is 28 F.

THE NITZE-ALBARRAN CYSTOSCOPE.

This possesses all of the good qualities of the Albarran as an apparatus for the catheterization of the ureters. But for the reason that its parts are not detach-



THE ALBARRAN CYSTOSCOPE.

of which is fitted with the stop-cock "A" for the introduction of fluid into the bladder, the other, "D," protected by a milled screw-head, is made for the passage of the catheter. The vesical extremity of this tube ends in a movable piece "D" which by the device of two sliding arms controlled by the lever "E" alters the angle of the end of the catheter as the operator may desire in his efforts

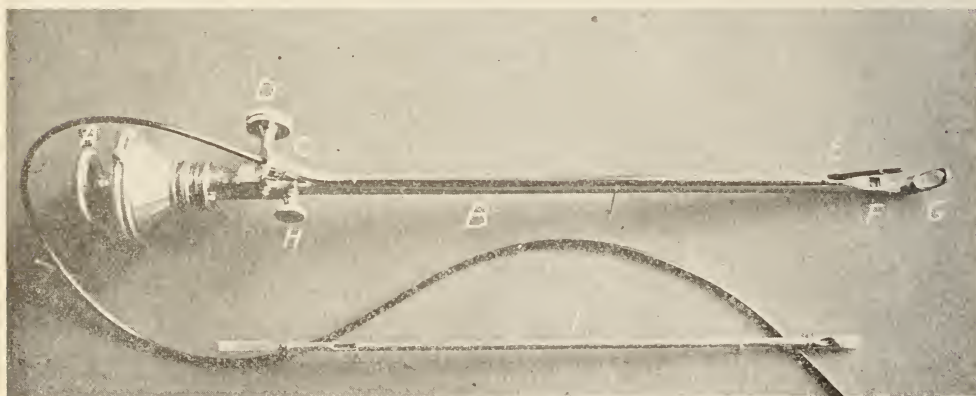
able it is not available for ordinary cystoscopic uses. The screw cap "A" covers and protects the eye piece. The shaft "B" contains two compartments, the lower of which, carries the ocular apparatus, the one above a separate tube for the reception of a channeled metallic staff, that with the top of the shaft, forms a passage for the catheter which pushed in through the opening in

the milled screw-cap "C" emerges behind the movable joint "E" only a short distance upon the proximal side of the prism "F." The device of the sliding arms for moving the catheter-director "E" by the lever "D," is similar to that used in the Albarran. When the set screw "H" is in position, the movement of the lever "D" changes the angle of the catheter director "E." When the set screw is removed, and the lamp unscrewed, the lever "D" will expel the staff from the shaft and permit the thorough cleansing of both. The caliber of this instrument is 29 F. The catheters used in the Albarran and the Nitze-Albarran cystoscopes are slightly larger, (6 F.) than those used in those of Casper and Bren-

the soap and placed in a solution of sublimate 1-1000 to remain from 12 to 24 hours. They are preserved in clean receptacles and before using thoroughly frictioned with dry sterile gauze. The cystoscopes are well scrubbed immediately after using in hot suds, rinsed and then suspended, so that the ocular apparatus is not submerged, in a tall jar, containing a 2 per cent. solution of formalin remaining there from 6 to 12 hours.

The detachable parts of the Albarran cystoscope may be sterilized by boiling in a 2 per cent. solution of bicarbonate of soda.

It will be borne in mind that all electric cystoscopes for the catheterizing of the ureters have a caliber of from 26 F.



THE NITZE-ALBARRAN CYSTOSCOPE.

ner and they are heavier walled and do not require the gold or nickel plated obturators used with the smaller catheters.

The use of all these instruments requires gentleness and surgical cleanliness.

The catheters that are used are extremely fine silk ones made with the greatest care in Cannstadt, Germany, by the firm Rüsck, who manufactures the finest grade of silk and linen catheters that is, or ever has been made. In use they are lubricated with glycerine or lanoline cream. They are sterilized by washing thoroughly with soap suds inside and out, then with clean water to remove

to 29 F., and before an attempt to use them is made the surgeon (to avoid disappointment) should assure himself, that a steel sound of a corresponding size will pass freely to the bladder.

There is one feature which adds considerably to the expense of the art of cystoscopy in the United States. The instruments when broken, or out of order, must be sent to Berlin or Paris, for the trade in them so far, has not justified the maintenance of skilled workmen here for the purpose of repairing them.

This condition, I am sure, will soon be remedied by the Kny-Scheerer com-

pany of New York, manufacturers and importers of surgical instruments, from whom all cystoscopic apparatus may be obtained. But not only is there the annoyance incident to delay in waiting for the return of the instruments, but the

revenue law requires the payment of the import duty each time the mended cystoscope is returned, as I have found to my sorrow.

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VIS MEDICATRIX NATURAE.

BY R. J. GREGG, M.D., SAN DIEGO, CAL.

It is of record in one of the books of Plato, that Socrates said to his disciples and friends, during the last day of his life, that "there is great difference between that which is the cause, and that without which the cause would not produce its effect. And yet many men, groping in the dark, as it were, call this, which is a mere condition, a cause." With Socrates' application of this truth, that men are prone to confuse cause and conditions, we have at present no concern. But his complication that cause and conditions should be discriminated will be of importance to us, provided the principle can be utilized in the science and art, whose study and practice have for their end the restoration of health.

If the recovery of health is an effect, then it, like all other effects, is the joint product of cause and conditions. Is there a cause of cure? Is there in the living organism, at least during certain periods of its existence, a distinct tendency to restoration of that equilibrium, or balance of functions, which is called health, after it has been disturbed by the stress of mal-conditions in its environment? It seems to be a fair contention to claim that there is, and that the phrase "*vis medicatrix naturae*" specifies its recognition by the thoughtful physicians of past ages.

Ambrose Paré, the father of French surgery, said "I dressed his wound; God cured him." The unavoidable inference from these words is that it was the assured conviction of that man of genius, that after the surgeon had done his ut-

termost, there yet remained something to be done that no surgeon could do. It is an open secret that to many persons, God is simply Nature spelled with a capital. Had Father Ambrose been of these, he might have said: "I made all the conditions favorable; the *vis medicatrix naturae* healed him." The above mentioned aphorism of Paré is quoted with approval by Dr. O. W. Holmes in his last book, "Over the Teacups." He furthermore echoes its substance in the following words: "I never said I will cure, or can cure, or would or could cure, or had cured any disease. My venerated instructor, Dr. James Jackson, taught me never to use that expression."

In a recently published article, Dr. J. H. Kellogg, a physician of exceptional competency, says: "The fundamental idea of hydrotherapy, as of all rational measures of treatment, is that the curative force resides in the body, and that the office of the physician, aided by intelligent and trained assistants and nurses, and by the coöperation of the patient, is to supply such conditions as will aid the natural forces of the body in combatting the disease."

Dr. N. S. Davis of Chicago, is reported as "strongly advocating the reinforcement of the '*vis medicatrix naturae*,'" as being the essential feature of wise and skillful treatment of the sick. His able address on this subject was presented to the Am. Med. Assn., at Columbus, Ohio, in June, 1899.

Dr. T. Lauder Brunton, the distinguished British physician, in his en-

cyclopedic work on Pharmacology, speaking of the good that has resulted from placeboic medication, says: "The use of infinitesimal doses which could not affect the body of the patient one way or the other, but kept the mind of both patient and physician easy, and allowed the '*vis medicatrix naturae*' free scope, has helped us to a more perfect knowledge of the natural course of disease." It will not be disputed that the most learned and skilled practitioners have patients die under their care. It is equally undeniable that gross and unquestionable mal-practice fails to prevent the recovery of a large percentage of the sick. How can we account for these two truths? Is it not because the "*vis medicatrix*" is lacking in the former instance, and super-abundant in the latter?

Remarkable instances of the successful results of purely placeboic medication are familiar to every practitioner of experience. In truth, there is reason to believe that the placeboic element is a very important factor in every prescription taken by a patient who has great faith in his doctor. The administration of the successful placebo operates as does every other effective remedial procedure. It makes the conditions favorable. The discomfort, the pain, the mental distress, that mark the inception of almost every ailment, are distinct detractions from the patient's strength. They excite strong apprehensions of direful consequences that are conspicuously and directly detrimental to the four great composite functions, ailmentation, circulation, respiration, and innervation, all of which are indispensable to the constructive metabolisms necessary to the continuance of life. To remove these evil apprehensions is a great gain. To substitute for the gloomy forebodings of suffering and premature death, the glad anticipations of prompt and perfect recovery of good health, with all that that implies to poor humanity, is an advantage of incalculable value. This

psychic revolution, the placebo, with its attendant halo of joyful suggestions, has often wrought. No one can doubt this who is familiar with the now abundant literature of Psychotherapy.

To many a mortal who has come back to life and health from the very edge of the grave, it could be truly said, "Thy faith hath made thee whole." If, as has been said before, the recovery of health is an effect, it must be the joint product of cause and conditions. The discrimination of cause from conditions is not always easy, not even in the physical changes wrought in inorganic matter by different modes of force. For instance, the heat that is added in certain amounts to ice is the cause of its melting, that is becoming liquid water. But the abstraction of that heat is not the cause, but merely the condition of its resumption of the solid form. Simple as this proposition proves to be after a little thought, it is not, as a rule, very distinctly apprehended at the first glance. A great biologist has said: "In the organism lies the principle of life; in the environment are the conditions of life: without the fulfillment of these conditions, which are wholly supplied by environment, there can be no life." Substituting for the word life the word cure, we have the following: In the organism lies the principle (or cause) of cure; in the environment are the conditions of cure; without the fulfillment of these conditions, which are wholly supplied by environment, there can be no cure. The principle or cause of cure may be strong or weak. When strong it can maintain itself in the presence of a defective environment, and accomplish a partial recovery of health. But its duration is shortened. When feeble, the defective environment accelerates the predominance of the destructive over the constructive metabolisms, and with greater or less rapidity brings about the extinction of the organism. Those familiar with the truths of elementary physiology are aware of the fact that

the price of somatic life is molecular death. The force that operates in anabolism is generated by katabolism. The body evolves only because it dissolves. In a recent article on the action of stimulants Prof. Roberts Bartholow says: "No facts in physics is better established than that to produce force, some destruction of material is necessary." In view of the fact that indestructibility is admitted to be one of the general properties of matter, this statement might be misunderstood. Of course, what the Professor means by "destruction of material" is the apparent destruction due to the changes of form that accompany the katabolic, or downward metabolisms. By downward is meant in the direction of the inorganic plane. The application of the physical axiom mentioned by the Professor to physiology is essentially, that all organic energy is generated, or set free, by destructive metabolism.

Mr. Herbert Spencer says, in his great work on Biology: "The process that underlies all organic phenomena is the transformation of ethereal undulations into certain molecular re-arrangements of an unstable kind, on the overthrow of which the stored-up forces are liberated in new forms." The overthrow of

the unstable molecular re-arrangements in a living body is the destructive metabolism or katabolism, the sole source of organic energy.

It seems a reasonable conclusion to hold that the cause of cure, the *vis medicatrix*, is in the living body. In making conditions favorable for the operation of this tendency to restore the disturbed harmony, or balance, of the functions that in their aggregate constitute life; art reaches its limits. Where this tendency is absent, art cannot create it, and all her efforts are vain. While it is true that suitable conditions are indispensable to the working of an effect by an efficient cause, it is also true that the fact that conditions are indispensable does not make them causes. They still remain conditions. When heat is withdrawn from water to a certain degree, the attractions of molecules for molecules cause the molecules to assume that fixed arrangement called crystalline structure. So that molecular attractions, polar or other, are the cause of liquid water becoming ice. While the withdrawal of heat is only the condition; indispensable perhaps, but still only a condition.

ENCYSTED HYDROCELE OF THE TESTIS-BILATERAL.*

BY RALPH WILLIAMS, M.D., ASSISTANT TO CHAIR OF SKIN, VENEREAL AND GENITO-URINARY DISEASES, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

Mr. President, Ladies and Gentlemen: Encysted hydrocele of the testis, or more properly a hydrocele occurring between the tunica albuginea and the testicular layer of the tunica vaginalis testis, is an extremely rare condition, and doubly so when bilateral and of the size reported.

Nearly all of the modern works on genito-urinary diseases speak of the condition as having occurred, but adding

that the cysts are very small, and of slow growth, giving rise to no trouble and never requiring any treatment but simple puncture.

They make mention of no case in their practice but confine their remarks to that of Mr. Curling, which I will call to your attention.

This, evidently the best-known case in literature, is best described and illustrated in "Diseases of the Male Or-

*Read before the Southern California Medical Society, December 7, 1899.

gans of Generation" by Jacobson, London, 1893.

This author says these cysts are extremely rare, usually single and small, lying upon the anterior surface of the testicle. A reproduction of Mr. Curling's drawing follows—it is from a case discovered accidentally during a dissection—this illustration is so good and so clear that I have had it enlarged and now hand it to you.

Mr. Jacobson also quotes a case reported by Mr. Hutchinson, also of London, in *Path. Soc. Trans.* vol. VII, in which the cyst formed in the substance of the tunica albuginea the size of a goose egg and containing a greyish-brown fluid, flakes of lymph and granulations.

Dr. Taylor of New York, in his work on *Sexual Diseases, Male and Female*, does not mention this variety, neither do Van Buren and Keys in their old text book.

Morris of London on the *Injuries and Diseases of the Genito-Urinary Organs* reports Curling's case and adds that these cysts sometimes give rise to the regular variety of hydrocele, or cause pain of a neuralgic character in the testis, that they are usually found below and to the inner side of that organ, pear-shaped with large end upward.

Dr. Eugene Fuller of New York, does not mention the subject.

Dr. John Wyeth, writing in the *System of Genito-Urinary Diseases, Syphilology and Dermatology* mentions all kinds but this, and I have not been able to find any reference to these cases in any of the recent works by French or German authors on genito-urinary diseases.

Dennis in his system of surgery says they are rare, small, and may be easily mistaken for supernumerary testicles and that transparency cannot always be detected, that they are slow of growth, and with little fluctuation, and usually globular in shape.

Much to my surprise, White and Martin in their excellent work on genito-urinary diseases make no reference whatever to this variety of hydrocele. The American Text Book on this subject has only a few lines.

Thus we see that Mr. Jacobson's article is the only one that has any value, and from his remarks it may be gathered that the peculiarities of this rare variety of hydrocele, consist in the pear-shaped form, large end uppermost and that pain is a marked symptom in most cases.

These cysts sometimes communicate with the seminal tubules usually the result of injury to the tubule in the first place by tapping for ordinary hydrocele and the cysts develop afterward. It is in this variety that the pain and even the cyst disappears after coitus.

Sir Jos. Lister reports, *Edinburgh. Med. Journal* 1877. vol. I, p. 1087, a very interesting case, in which a large encysted hydrocele of the testis of only 4 years standing, extended up into the canal and outward over Poupart's ligament; the tumor was conical, apex downward, the upper part of swelling being out of all proportion to the size of the scrotum.

In the treatment Jacobson lays stress upon the fact that the testicle must be clearly differentiated before tapping, and that the injection method is not followed by as good results as in ordinary hydrocele.

After having searched through the last twelve volumes of the "*Journal of Cutaneous and Genito-Urinary Diseases*," some eight years of the "*Annals of Surgery*" and the "*Medical Record*" since 1881, besides numerous other works on the genito-urinary diseases, and having failed to find any other cases, I will present the brief notes of the case in question, for which I am indebted to Dr. Geo. W. Lasher, by whose kindness I was enabled to be present and assist at the operation.

E. D. C., 19 years old. First noticed swelling on "both testicles" seven years ago, this was accompanied by no pain or other disagreeable symptoms except a feeling of weight and dragging when in erect position. Several years ago the left sac was operated by aspiration but it filled again to same size in four days. In November, 1898, Dr. Lasher operated on both sides, the swellings at that time were ovoid, somewhat larger than duck-eggs, tense and not much fluctuation, the transparency test was not tried. The operation right side was the open, radical cure, and on cutting down it was found that the sac of the tunica vaginalis was empty but that the fluid was confined under the testicular layer and between that and the tunica albuginea—the sac was opened

and cut free from the testicle, wound closed, a small drainage inserted.

The same operation was done upon the left side, both tumors being about the same size and containing about 3 oz. of serum, apparently like that of the usual hydrocele.

There has been no return of the fluid on right side to date, but one year after the operation the left side had refilled to about one-half its former size, this was operated upon by opening sac and removing the remainder of the testicular portion of the tunica vaginalis; at this time Dr. Lasher thought the epididymis was slightly involved, but since last operation, only a short time ago, there has been no return of the trouble.

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A SUGGESTION ON SYSTEMATIC DISCOUNTS IN COLLECTIONS OF SURGEON'S FEES.

BY ERNEST HALL, M.D., VICTORIA, B. C.

Having experienced, in common with others, no little difficulty in a just estimate of the fee for services in surgical cases, so that the charge of mercenary motives cannot be made against us and that the matter be placed upon a just and equitable basis, I submit a scheme for criticism and suggestions. Instead of the usual sliding scale of fees, I suggest that we have a definite schedule rate for each recognized surgical operation and the percentage of reduction in cases of financial stringency be made according to the following table:

In the first column to the left is the amount of the annual income of the wage earner; in the succeeding column to the right are the percentages which according to the number of individuals dependent upon him, (which is indicated by the number at the head of the column.) the wage earner should pay.

This table is based upon the suppositions (1) that a patient receiving a salary of one thousand dollars per year with no one dependent upon him is able and should expect to pay one hundred per cent. of the surgeon's bill, and since

[illegible]

every additional individual dependent upon the wage earner taxes his capacity to the extent of at least one hundred dollars, a reduction of ten per cent. of the account should be made. And since with an income of less than one thousand dollars per year, the ability to cope with the economic problem necessarily connected with disease and accident is somewhat restricted, I have suggested that a discount of ten per cent. be allowed for every hundred dollars difference between the standard in-

come and that of the patient. Thus a man with an income of eight hundred dollars per year supporting a wife and three children, making in all five individuals dependent upon his wages, would be expected to pay forty per cent. of the regular schedule rate.

This method is only supposed to apply to our regular patrons, or to those whose circumstances we know, and not to the passing customer, neither to the intemperate nor the immoral classes.

HOW TO GIVE AN ICE-COLD SPONGE BATH.

BY MARY L. MULHOLLAND, CALIFORNIA HOSPITAL, LOS ANGELES, CALIFORNIA.

There is probably nothing a nurse will be called upon to do, that requires more of her tact and her judgment, than the giving of an ice-cold sponge-bath.

Occasionally we find a patient who enjoys the ice-cold sponge bath, but such cases are rare and the majority of patients look on them with dread and beg piteously for the nurse to desist.

The following is in my experience the best way to give an ice-cold sponge bath;

A large rubber sheet is spread over the bed; the patient is wrapped in a cotton blanket, and placed in the centre of the rubber sheet so that a hollow may be formed to hold the water escaping from the wet sponge. Place hot water bottles at the feet and cold cloths, or an ice-bag on the head.

Wrap the limbs in bath towels wrung out of ice water while sponging the back and chest.

The direction to sponge is from the head to the feet with long, light, steady strokes.

A sponge is better than a rag, and one not too soft should be chosen as the slight roughness will cause the skin to glow easier and give a better reaction.

With the sponge one can more easily "sop" up the water from under the patient, so that he need not lie in the pool of water heated by his feverish body.

Better results are obtained by sponging the back for a greater length of time than any other portion of the body, because of the thick muscles which hold so much heat.

A very good little scheme to try with a sensitive patient, is to wring out strips of cheese-cloth in very hot water, place one thickness quickly on the patient and sponge over it with ice water.

Another is to begin with tepid water and gradually cool it, being careful to keep the ice used in this process, wrapped in cloths, so that it will not rattle against the sides of the bowl, and give the patient a chill in anticipation of what is to follow.

The physician usually orders a stimulant to be given to the patient before or during the bath as may be required as the nurse shall decide. It depends upon the nurse whether or not good will follow the giving of ice-cold baths. The physician will look to her for a correct statement as to the condition of the pulse, temperature, reaction etc., sometimes making a change if necessary on her decision. After the bath, thoroughly disinfect sponges and cloths by wringing them out of bichloride solution 1 to 4000.

Care must be taken not to sponge too long, as the temperature may frequently

continue to fall for an hour or two after the ice bath.

In cases of a too rapid lowering of the temperature or if it goes below normal, stimulants and hot water bottles are applied. In cases of tardy reaction, the

physician must be notified if any unfavorable symptoms develop. The ice-bath is seldom given in anemic, or septic cases, or where there is extreme emaciation or valvular disease of the heart.

SELECTED.

DEPARTMENT OF MEDICINE

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, AND J. LEE HAGADORN, M.D.

RECOVERY FROM TETANUS UNDER BACELLI'S TREATMENT.—Busi (Gaz. d. Osped. e. d. Cliniche, September 24, 1899, and Medical Review, December, 1899) reports the following case: A young man accidentally broke a blister in his foot and a slight abrasion resulted. That evening there were rigors, fever, and pain in the jaws, with difficulty of opening the mouth, owing to spasms of the masticatory muscles. Next morning, feeling rather better, he got up, but was obliged to return to bed; 24 hours later the trismus was renewed. After 48 hours he grew so much worse, with pain and rigidity of the extensors of the neck, that bending the head was difficult; walking was also interfered with. He was treated with chloral. He entered the hospital 7½ hours after the injury. All the characteristic symptoms were observable. The tetanus was continuous, but from time to time there were exacerbations, during which the patient perspired profusely, and complained of epigastric pain, probably due to spasm of the diaphragm. The temperature was 106.9 and the pulse 108. There was obstinate constipation, probably from rigidity of the abdominal muscles and interference with peristalsis. There was insomnia, scanty urine, and great

difficulty in swallowing even a little liquid introduced by a canula. It was determined to adopt Bacelli's treatment by injection of carbolic acid, along with chloral hydrate in clysters, and 3 cc. of a 5 per cent. solution of carbolic acid were injected every day. The injections were made into the substance of the gluteal muscles, and soon produced material benefit. The temperature fell to 97.9 deg. F. with slight evening increase; the spasms grew less and less violent; by degrees the rigidity diminished in the lower limbs, then the muscles of the trunk and neck, and finally disappeared entirely. The trismus also yielded and it was soon possible to administer the chloral hydrate by the mouth instead of the rectum. After a few days solid food could be taken. The duration of the treatment is not stated.—[Phila. Med. Jour.]

SERUM TREATMENT GANGRENOUS STOMATITIS.—Dr. W. C. Cahall, in Philadelphia Medical Journal, February 17, 1900, reports a case of gangrenous stomatitis treated with antistreptococcus serum. The case was that of Michael M., of Italian parentage, aged 7 years, was admitted to the medical wards of St. Timothy's Hospital, May 16, 1899, suffering with typhoid fever of rather severe type. He was thin and poorly nourished. His

temperature, shortly after admission, reached 104 deg. F., when he was put upon the Brandt treatment, with the addition of salol gr. 2 every 3 hours, internally. He presented most of the symptoms of typical typhoid fever, viz., delirium, epistaxis, iliac tenderness, rose-spots, and, in the third week, blood in stools.

His blood gave the Widal reaction early. His urine was normal and gave positive diazo-reaction. The accompanying abbreviated temperature-chart gives only morning and evening temperatures. For two weeks the case presented nothing unusual. About the fourteenth day after admission the mucous membrane became dry and cracked, from deficient secretion, and his nose and lips bled from picking. For this turpentine emulsion was administered. On the day following there was some bleeding from the mouth. On the morning of the sixteenth a swelling of the left cheek, and offensive breath were noticed, when, upon examination, a small, purplish spot of gangrene was discovered upon the left cheek, one inch within, and on the line of the angle of the mouth.

The gravity of the case was recognized, and the spot thoroughly cauterized with pure carbolic acid and tr. ferri chlorid, administered internally. By the seventeenth day, fresh areas of gangrene were seen surrounding the original site. The case was transferred to the surgeon for operation, but through a misunderstanding it was two days before the curetment was performed. In the meantime the destruction of the slough by carbolic acid and repeated spraying with H_2O_2 was continued.

Within 48 hours after curetment the disease reappeared and rapidly perforated the cheek and loosened the teeth.

The boy was now in a most desperate condition, restless and delirious, pulse 135 to 160, and refusing nourishment. It is noteworthy, however, that

the fever-range of the typhoid process was not conspicuously disturbed.

On the twenty-second day the boy was prepared for radical operation. Dr. James Sibbald removed all the diseased structure, going well into the healthy tissue in order to assure, if possible, no return.

The day after the operation the temperature dropped to nearly normal; and remained low afterwards, this being due partly, perhaps, to the natural decline of the typhoid fever, but chiefly, I think, to the operation, by lessening the amount of toxins to be absorbed. For exactly one week the wound remained free from gangrene, although the granulations did not appear healthy. At the end of this time the gangrene reappeared at the lower posterior border of the wound, and with frightful rapidity burrowed down and around the lower maxillary bone, and denuded it of its periosteum. It also broke out at the upper posterior angle, burrowing upwards between the malar bone and the cheek. The right ear also began to discharge a suspicious and offensive ichor.

To have surgically removed the disease now would have necessitated the dissection of the lower maxillary bone on the left side.

At this juncture it was decided to resort to the use of the antistreptococcic serum, and 10 ccm. was injected into the right flank on the evening of the thirty-second day.

The effect was immediate. Within 12 hours, the gangrene no longer spreading, began to separate, and in 24 hours had disappeared, leaving a healthy looking wound. On the thirty-fourth day, a second injection of the same dose was given as a safeguard against return. From that point healthy granulations appeared over the wound, a healthy color of the skin returned, and the boy made a rapid recovery, having, however, a dreadfully disfigured face.

IODOFORM IN PHTHISIS.—Knopf (Prophylaxis and Treatment of Pulmonary Tuberculosis, 1899) states that iodoform has given much satisfaction in the hands of many therapeutists such as Flick, Daremberg, Ransom and De Renzi. It has been recommended for nearly all degrees of phthisis, and given as an inhalation in the form of 1 part iodoform to 10 parts of ether (20 minims of the mixture for each inhalation with respirator inhaler). It is administered as pills, according to the following formula:

Take—

Iodoform $\frac{1}{2}$ grain.
Codein 1-3 grain.
Extract of cascara sagrada, $\frac{1}{2}$ grain.

For one pill.

De Renzi's method of its administration is especially recommendable. If the patient is suffering from diarrhea he gives the following prescription:

Take—

Iodoform 30 grains.
Tannin 60 grains.

Divide into 40 cachets. From 2 to 4 cachets daily.

Foxwell (Essays in Heart and Lung Disease) writes: "Of iodoform I have had considerable experience during the

last 8 years, and on the whole I consider it the most satisfactory of all the antiseptic drugs which have been used in tuberculosis. . . . My usual prescription was a 1-grain pill to be taken 6 times daily. It never exceeded this amount and was occasionally less, the average being 5 grains daily. In three cases only were any symptoms of poisoning detected, and these were merely of a mild gastric nature. . . . The conclusion I arrived at after a three-years' trial was a definite though by no means an extremely sanguine one. I believe that iodoform given by itself gave me better results than any other drug or combination of drugs that I had tried or seen tried. It soothed the nervous system of erethic subjects; it very greatly lessened cough and expectoration; it powerfully increased nutrition, the patients often becoming quite plump under its continued use; finally, there was as great if not greater improvement in the physical signs than I had seen accomplished by any other mode of treatment, except that of climate and hygiene."

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF H. BERT ELLIS, M.D., PROFESSOR OF OPHTHALMOLOGY
COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

SECTION ON OPHTHALMOLOGY.

College of Physicians of Philadelphia.

Meeting February 20, 1900. Dr. George C. Harlan, Chairman, in the chair.

Dr. William Campbell Posey read a paper on Mental Disturbances after Operation upon the Eye. Twenty-four cases of delirium were reported. In 19 of these the mental symptoms developed after the removal of cataract, in 3 after iridectomy for glaucoma, and in the remaining 2 after extensive wounds of the eye. Three of these cases were in subjects over 80 years of age; 6 over 70 years; 9 over 60 years, and 2 during the 6th decade. The traumatic subjects were much younger.

The delirium appeared during the first 24 hours after the operation in 2, on the second day in 8, on the third day in 6, and on the fourth day in 2. No atropin was used in 6 instances; in 4 others it was not employed until the delirium had manifested itself, and in the others it was instilled at the time of the operation. Its employment did not seem to have any influence whatsoever upon the mental condition. Both eyes were bandaged after the operation in every instance, but the dressing was removed from the unoperated eye in 9 cases as soon as the delirium manifested itself, without giving any appreciable relief to the mental condition.

It was specifically noted in 9 cases that there was absolutely no tendency toward mental derangement. Evidence of previous tendency was present in only 2 senile and in the traumatic cases. All of the eyes made a good recovery except in 2 cases—one of panophthalmitis and one of traumatic irido-cyclitis.

The delirium was of the same character in all, beginning with a mild restlessness which rapidly developed into an active delirium with hallucinations and ideas of persecution, but passing rapidly under control by the proper administration of narcotics; permanent affection of the brain being remarked in not a single instance.

The writer believes that the cause of the delirium is largely psychical, and he agrees with Parinaud that it is due to the preoccupation upon the part of the patients prior to and after the operation. What the other factors are, which in addition to the preoccupation determine the delirium, are as yet unknown. The frequency with which the delirium is encountered should, however, be recognized, and proper treatment, namely, chloral and bromides, be administered at the first indication of its appearance. Removal of the bandage from the unoperated eye and discontinuance of the use of atropin are not advised.

Constant oversight and judicious and tactful nursing are most essential, and rapid amelioration in the mental condition frequently follows the installation of a proper person by the bedside.

Discussion.—Dr. de Schweinitz said that the most pronounced case he had ever seen occurred in a man aged 59, upon whom he had performed Forster's operation for the artificial ripening of the lens of one eye, and 1 month later extracted the opaque lens. The man had nuclear cataracts, and vision, except in the central portion of the field, was good. He had organic heart disease, and for several years before the operation had considerable family trouble. Both eyes were

bandaged after operation. On the second day maniacal delirium developed, followed by dementia lasting for 2 months. Under large doses of nitroglycerin the mental symptoms disappeared and he eventually secured vision of 6-9. Two years later the man returned to have the naturally ripened cataract upon the other eye removed, and begged that he might be allowed to have the good eye unbandaged after operation. This was done, and he made a rapid recovery without mental disturbance. Dr. Zimmerman stated that while resident at Wills Hospital he had seen numerous cases. The custom at that time was to unbandage the sound eye and get the patient out of bed at the earliest possible moment after the onset of mental aberration. Dr. Veasey also reported mental symptoms after 2 cases of operation—one a patient upon whom the rolling operation was performed for granulated lids, and the other a case of senile cataract. In both instances the delirium subsided upon the removal of the bandage from the unoperated eye. On the other hand, Dr. Randall had removed the bandage in order to check delirium in a cataract patient with absolutely no result, the delirium continuing uninterruptedly for 4 or 5 days. Dr. Harlan stated that the delirium had many types and causes, and that no one explanation would be satisfactory for all cases; therefore the treatment must be diversified to meet individual requirements. Dr. Posey referred to a recent article by Dukes, to the effect that the restlessness of old people is due to the gradual age-failing of the scavenger organs, and that it is owing to their incompetence that the blood is not sufficiently depurated, and arterial tension increased. This author believes that the remedies best adapted to calm these individuals are those which relieve the arterial tension, such as nitroglycerin, though he adds that he found erythrol tetranitrate, gr. ss. to gr. j, to be even more valuable.

DEPARTMENT OF HYGIENE.

BY E. B. SWEET, M. D., LOS ANGELES, CAL.

GENERAL CONSIDERATION OF DIS-
EASES OF SEXUAL FUNCTIONS
AND INSTINCTS.

G. F. Lydston says in "Medical Progress:" "I am willing to go on record as to my views on the subject.

"When subserving its real purpose, procreation, sexual desire is the most disinterested of all the animal appetites.

"There are relatively few who 'eat to live' but who live to eat are legion.

"The proportion of human beings who copulate to procreate is small as compared with those for whom the sexual act is the axis on which the world moves.

"Sexual immorality and perverted physiology are always discussed from the standpoint of morals with absolute disregard of common sense.

"Man by nature is polygamous; animal monogamy from its sociologic standpoint, irrespective of moral codes is best adapted to social necessity. The sexual immorality and perverted sexual instinct are the result of the battle of the social with the natural man.

"In lower monogamous animals copulation and apparently desire cease with impregnation. This is not true of the human species.

"For me to assert that the human female is monogamous is to say the least dangerous after hinting man is polygamous by nature. Nevertheless I affirm this to be true. I offer no apology for the sexual immorality and excess, but it can be explained largely by the preceding statements.

"Men and women alike have suffered and do suffer from the abrogation of Nature's laws.

"Ignorance of sexual physiology is a fundamental cause of disease of sexual functions, especially masturbation.

"Society imposes certain restrictions on the race and then furnishes the worst

possible environment for her own ends. Natural desires especially in the male are excited by impressions to which he is exposed and sexual irritability results. The individual is then asked to be chaste, virtuous, despite the fact that she leads him to think virtue to be an unknown quantity. It is not so long ago that books, pictures, plays and what not now sought after, were tabooed.

"Latter day art literature and the stage furnish a sexual immorality to which sooner or later every youth, male or female is exposed.

"A Magdalen repentant has always been a lesson in morality the naive admission of a Trilby that she had a certain 'limited' number of loves, is 'off color' with Magdalenic literature. Public, press and stage life in particular are condoned by good people.

"Is it fair to expect young men and women to be absolutely ignorant of sexual physiology while its vicious aspects are paraded in open nakedness. The young lad comes to regard sexual purity as something to be ashamed of.

"The young should be taught that all excess and lapses in this line, particularly masturbation are dangerous to their physical well-being, never can they be as perfect men physically, morally or intellectually or they indulge in any sort of sexual excess as they will if they remain continent.

"A profound impression can be made by stating that early indulgence or excess deprives the individual of later legitimate enjoyment found in matrimony.

"Early indulgence sets a standard for psycho-sexual centers and this lasts for all future life. The adult life is often spent in pursuit of this sexual fantasia for it exists only in a diseased imaginative brain.

"Personally I have no sympathy for the professional man who joins an ignorant

public in tabooing all forms of sexual knowledge. Physicians are to blame if found laughing at the man who from psychical or other reasons is impotent. They go rejoicing along their road content to prescribe chaste girls for broken down rouses! The fact that the sacrifices to Hymen in this line are numerous, satisfies the ostrich-like medical man with his head in the sand. How-

ever, it is high time the opposite sex were represented at court.

"The remedy for these faults lies with the profession. False modesty and mawkish sentiment have no place in scientific medicine. The ignorance and prudery of a large part of the profession is sickening. Forcible though the foregoing may be, the issues at stake in the lives about us demand it."

TREATMENT OF ALOPECIA.

A WASH FOR BALDNESS FOLLOWING FEVERS.—Among a number of formulæ recommended by Brocq (*Archives de therapeutique; Journal de medecine et de chirurgie pratiques; Gazette hebdomadaire de medecine et de chirurgie, November 16, 1899*) is the following:

Take—

Castor oil	20 parts;
Tincture of cinchona	10 parts
Tincture of rosemary	10 parts
Tincture of jaborandi	10 parts
Rum	100 parts

M. To be shaken briskly before being rubbed on.

AN OINTMENT FOR ALOPECIA AREATA.—The *Journal de medecine de Paris* for August 20th gives the following prescription as Balzer's:

Take—

Mercury subsulphate	5 parts
Flour of sulphur	4 parts
Oil of cade	15 parts
Vaseline	30 parts

M. To be applied to the bald spots at bedtime.—*New York Medical Journal*.

HAIR WASH.—It is hard to find a wash for light hair, whose color is anxiously watched and preserved, which will not hurt the growth. Soda brings out the bright tints, but if freely used will harm the hair—or so it is alleged—and doubt in such a case, is fatal. A good shampoo for flaxen hair is made of a bit of standard glycerine soap, melted in hot water, and with a few

drops of ammonia added. This will throw out all the light tones of which the hair is possessed.

HAIR RENEWERS AND PRESERVATIVES.

1.—Bay Rum	1 pint
Alcohol	8 fl. oz.
Castor Oil	4 fl. dr.
Ammonium Carbonate	2 fl. dr.
Tincture Cantharides	4 fl. dr.
2.—Quinine Sulphate	20 grn.
Powdered Borax	30 grn.
Ammonia Water	2 dr.
Tincture Cinchona Comp	4 fl. dr.
Bay Rum	to make 4 fl. oz.
3.—Quinine Sulphate	20 grn.
Tincture Jaborandi	1 fl. oz.
Glycerin	1 fl. oz.
Cologne Water	1 fl. oz.
Bay Rum	2 fl. oz.
Rose-Water	11 fl. oz.

Dissolve the quinine in the rose-water with the aid of 20 drops of diluted sulphuric acid, and add the glycerin. Mix the tincture, cologne and bay rum, and add the rose-water mixture.

4.—Quinine Hydrochlorate	15 Gm.
Tartaric Acid	8 Gm.
Fld. Ext. Pillocarpus	50 Cc.
Tincture Cantharides	100 Cc.
Glycerin	300 Cc.
Triple Ext. Jockey Club	100 Cc.
Alcohol	1500 Cc.

Mix and set aside for a few days, then filter.

5.—Quinine Sulphate	15 grn.
Borax	1 dr.
Cologne	2 fl. oz.
Tincture Cantharides	3 fl. oz.
Ammonia Water	1 fl. dr.
Glycerin	3 fl. oz.
Alcohol	6 fl. oz.
Distilled Water	to make 16 fl. oz.

Tincture Cudbear	to color
6.—Quinine Sulphate	25 grn.
Tincture Cantharides	2 fl. dr.
Bay Rum	10 fl. oz.
Glycerin	4 fl. oz.
Oil Rose	2 drops
Oil Neroli	5 drops
Diluted Sulphuric Acid	sufficient
Tincture Cudbear	to color

—Merck's Report.

EGG SHAMPOO.

1.—Spirit Soap	100 Gm.
Ammonia Water	10 Gm.
Oil Lemon	3 Gm.
Oil Rose-Geranium	1 Gm.
Water	810 Gm.
Yolk of four eggs.	

Intimately mix, by beating the egg yolks with the ammonia water, add the water and perfume, shake the mixture and strain.

2.—Three eggs

Spirit Soap	4 fl. dr.
Potassium Carbonate	160 grn.
Ammonia Water	160 grn.
Cumarin	1-10 grn.
Oil Rose	2 drops
Oil Bergamot	2 drops
Oil Geranium	1 drop
Essential Oil Almonds	1 drop
Rose-Water	27 fl. oz.

Thoroughly beat the eggs and dilute with rose-water; then add the other ingredients. If it is desired to have the shampoo in paste form, use less water.

—The California Druggist.

THREATENED BALDNESS.—Bartholow says (Journal of Medicine and Science,) that in approaching baldness, a liniment composed of 1 ounce of fluid extract jaborandi, 4 drams tincture of cantharides and soap liniment up to 4 fluid ounces, rubbed into the scalp once a day, will stop the falling out of hair.

BALDNESS.—Dr. Whitla, (Therapeutic Review,) says that one of the best combinations in the treatment of baldness consists of:

Take—

Pilocarp. hydrochloratis	gr. v.
Otto rose	m. viii.
Ol. rosmarini	dr. iv.
Limenti cantharidis	dr. iv.
Glycerine pure	oz. i.
Ol. amygdale dulcis	oz. ii.
Spts. camphore	oz. iii.

M. Sig.—To be rubbed well into the scalp night and morning.—Texas Medical News.

SYPHILITIC ALOPECIA.—Dr. Gauthier (Jour. des praticiens) makes frequent applications to the scalp of the following lotion:

Take—

Corrosive sublimate.....	gr. 3
Chloral hydrate	gr. 60
Resorcin	gr. 20
Castor oil	gr. 15
Alcohol,	gr. 3,000

M. From 375 to 750 grains of tincture of cinchona may be used to replace the same amount of alcohol. But the daily application of quinine is apt to temporarily redden the hair.—N. Y. Med. Journal.

THE TREATMENT OF ALOPECIA AREATA.—Dr. Joseph Sprangenthal (Buffalo Medical Journal,) reports a case of this obstinate affection successfully treated by the following application:

Take—

Bichloride of mercury ...	20 gr.
Glycerin,	4 dr.
Eau de Cologne	12 cz.

M.

He says; "Under this treatment not only did the baldness cease to spread, but fine downy hair began to spring up all over the bald patches."

Granville McGowan of Los Angeles, says: "One day while reviewing the literature of alopecia areata, I chanced upon the following sentence in Hyde. 'The speediest return of hair the author has ever observed in a patch of alopecia areata followed a single application of pure creosote to the surface, resulting in moderate vesication.' Now one of the drugs I make use of in my dermatological practice is trikresol. * * * It is a most excellent remedy for the destruction of the trichophyton and my use of it in an epidemic of ringworm * * * may be found in the 'Southern California Practitioner' for ———, 1897.

"The application in alopecia areata is preceded by a thorough cleansing of the patch with benzine. The remedy is applied pure to the scalp, and 50 per

cent. solution to the face, with or without epilation. It is well rubbed into the denuded patches, and into the roots of the hair, for a half inch surrounding each patch, with a swab of cotton tightly wrapped about a wooden toothpick.

"Within 24 hours there forms a dry, brownish, superficial scale, which falls in from four to ten days, when a new application is required. The remedy should not be applied so vigorously the second time if the skin be red and tender. He reports eight cases in which this remedy produced a good, firm growth of hair, the average time being $2\frac{1}{2}$ months.

TREATMENT.—In the treatment of alopecia one has in the first place, to modify the nutritive properties of the scalp or the fibrocellular tissue beneath the scalp, or of both. This is accomplished by some changes in the blood itself, brought about by getting with each act of respiration fresh air to all parts of the upper lobes of the lungs. This can be done only by the continuous use of the so-called costal mode of breathing. In the second place, as an adjuvant to the first, one has to remove from the hair-follicles any dead or dying hairs that may be present, and also to stimulate the local circulation of the blood. These results can be accomplished by pressing the hair between the extended fingers and drawing smartly in the direction in which the hairs grow, or, where the hair is absent, by roughly crowding the scalp up into the folds or ridges with the fingers. These manipulations should be carried out once or twice a day.

Along with all this, local stimulation by means of irritating applications is of value, one of which consists of five grains of cerate of cantharides in an ounce of vaselin or other oily substance. Delos L. Parker, (Jour. Amer. Med. Assoc., Dec. 23, 1899.

THE SEMINAL FLUID.

Victor G. Vecki in his book on the "Pathology and Treatment of Sexual Impotence" (Philadelphia: W. B. Saunders,) puts forward certain statements under the physiology of the sexual act, which have roused quite a commotion in the ranks of German oldfogydom. He rejects the ordinary views as to the infrequency and insufficient vitality of spermatozoa after repeated coitus. A series of microscopic observations have shown him that in vigorous, healthy men coitus, after weeks of abstention from the act, is not accompanied by the ejaculation of seminal fluid teeming, as has been said, with abundant and lively spermatozoa, but that, on the contrary, they are comparatively rare. Many show no manifestation of life, and others are by no means active. Repeated coitus is followed by an abundance of young, very active spermatozoa.

Observations on the fluid of seminal emissions, though often made within an hour after the event, rarely showed many spermatozoa, and the few present were, as a rule, not especially active. Spermatozoa seem to degenerate while in the seminal vesicles, and it is only after these are emptied that really active germinal particles are to be found in the seminal fluid. The importance of this for certain forms of sterility is evident. This theory, too, gives a new biological significance to nocturnal emissions that occur normally in the continent. Nature is getting rid of germinal material that is no longer in proper condition to fulfill its function perfectly, not merely wasting, as has been taught, precious reproductive elements.

DEATH OF SIR JAMES PAGET.

The death is recently announced in London of Sir James Paget, one of the most celebrated English surgeons of the century, in his eighty-sixth year. He was created a baronet in 1871 in recognition of his many discoveries in surgery. In 1875 he was president of the Royal College of Surgeons, and from 1884 to 1895 was vice-chancellor of the London University. One of his most important works was his lectures on surgical pathology.

SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. C. G. STIVERS, Asst. Editor.
DR. H. BERT ELLIS } Associate Editors.
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EDITORIAL.

State Medical Society.

The next annual meeting of the Medical Society of the State of California will be held in San Francisco beginning April 17th and continuing three days. As the same committee of arrangements has charge of the meeting as had charge last year, we may expect even better results in the literary work, as well as a pleasant social time. Dr. George Chismore will occupy the Presidential Chair, so that we are assured an harmonious and profitable meeting. We would urge upon the Southern California members the wisdom of making strenuous efforts to attend, as the southern section of the State has not been largely represented during the past few years. E.

Determination of Sex.

Dr. F. A. Dunsmoor, the well-known Minneapolis surgeon, has been spending two weeks in Los Angeles to the delight of his many California friends. Our Minneapolis doctor has made quite numerous visits to the "City of the Angels" and there seems to be quite a bond of friendship between him and many members of the profession of our southern city. Besides his surgical studies Dr. Dunsmoor has paid particular attention to the subject of determination of sex, which seems to be with him a scientific diversion.

On Thursday, March 8th, Dr. Dunsmoor, by invitation, lectured to the senior class of the Medical College of the Uni-

versity of Southern California on this subject. After reviewing the various theories Dr. Dunsmoor in conclusion stated his own proposition which is that if the ovum is impregnated when fresh, the result is a girl and if it is impregnated after it is eight days old, then it is a boy. He stated that the same held good with animals, consequently where the family desires to have a girl he recommends that coitus take place immediately before menstruation or within the first few days, that is the first seven days after the close of menstruation. If a boy is desired then the coitus should occur from the eighth day after menstruation to the fourteenth.

Dr. Dunsmoor is very positive and enthusiastic in support of this theory and brought forth a great many letters and other proofs from numerous observers in America and foreign countries to substantiate his claims.

L.

Damage Suit by an Unborn Child.

Recently a pregnant woman in the St. Luke's Hospital, Chicago, shortly before her confinement, while being transferred from one floor to another, had her leg caught in the elevator and crushed. When the child was born his left foot, left side and left leg were paralyzed and deformed. The mother brought suit against the hospital to recover damages to the extent of \$50,000 for the injuries sustained by the child before his birth. A general demurrer was sustained by the Supreme court of the State of Illinois on the ground that at the time of the accident the child could not be credited as a separate being capable of sustaining an action independent of

the mother. "If the action can be maintained" the court says, "it necessarily follows that an infant may maintain an action against its own mother for prenatal injuries."

L.

Tubercular Susceptibility.

The Boston Medical and Surgical Journal on March 1st, 1900, has a very interesting and timely editorial on the subject of sanatoria for tuberculosis. In the course of this editorial it is very pertinently said that "we must not forget that after all the causes of tuberculosis lie far behind the bacteria, in those conditions which induce susceptibility whether through hereditary transmission or probably more important, through unhygienic modes of life." The editor goes on to say that in fresh air, sunlight and cleanliness we have the strongest allies against diseases in general and particularly against tuberculosis.

This, we believe, states tersely the great advantages of the climate of Southern California where these cases can be out in a delightful atmosphere with the sun shining and where they are compelled perforce to breathe the pure air from the desert at night and the pure air from the ocean during the day. What we need in Southern California is proper provision for these tubercular people where they can live in comfort and even happiness away from the great mass of the people.

L.

Dr. Leslie E. Keeley.

Dr. Leslie E. Keeley died of heart disease in this city, Los Angeles, on February 21st., he was sixty-eight years of age and was born in St. Lawrence county, New York. He graduated from Rush

Medical College in 1864 when he immediately entered the army as acting assistant surgeon until the close of the war.

About two years ago he purchased a beautiful location on Adams street in Los Angeles, where he erected an elegant residence in the midst of the orange, the fig and the palm. His home was an ideal one and I have no doubt that he looked forward to spending his evening of life amid these soothing surroundings. Of course, Dr. Keeley was lifted from comparative obscurity by the fame of the "Keeley Cure" for inebriety. We see the medical journals generally ridicule his cure but at the same time we believe that it served a good purpose and has redeemed many men from drunkards to sobriety.

The question is, was he honest in his claims? Not knowing the man personally I cannot say, yet at the same time we can readily see how a man might be honest and become enthusiastic in regard to a system such as his. Therefore we believe that the only opprobrium attached to his name if he were honest is, that he did not make his system known to the whole profession so that its good might be as great as possible. Still there is an argument against that as in the care of a drunkard, the mental and suggestive features of treatment are fully as important as the drug treatment and we believe that therein lies the greatest success of Dr. Keeley's cure. With his personal influence and enthusiasm and encouragement removed the "Keeley Cure" will doubtless disappear as a therapeutic factor.

L.

Death by Lightning.

We residents of California do not realize what a blessing it is to be free from the dangers of lightning. Our memories carry us back to the eastern lightning rod agent, the tall rods running up the farm house chimneys and a scorched blazed tree here and there in the woods but we forget the mortality.

The Weather Bureau has issued a statement of damage to property and loss of life by lightning in the United States during the last nine years, from which it appears that 312 persons are killed annually by lightning-stroke in this country, taking a fair average. In this respect the worst year was 1895, when 426 American citizens were destroyed in this way; in 1898 the mortality was 367.

By the way we would like some meteorologist to tell us why we are practically free from lightning. L.

Napa Asylum Notes.

Physicians at the Napa Asylum have practically refused to accept the reductions in their salaries by forwarding the monthly estimate to the Lunacy Commission with the old figures and reëntering these figures when the estimate was returned to them altered. The Lunacy Commission will pay the salaries according to the new schedule and leave the physicians to apply to the courts for redress.

Medical College Note.

The Phi Rho Sigma Fraternity of the Medical College, U. S. C., enjoyed a pleasant evening at the Orpheum, Saturday, Feb. 16, after which refreshments, wise and otherwise were indulged in at Levy's.

The Los Angeles Board of Health.

Ordinarily in the vocations of life mankind is supposed to look out for his own interests, by avoiding everything that will curtail the amount of compensation coming to him. Our Board of Health, on the other hand, made up of medical men serving without remuneration from the city authorities, and in fact without any expectation of compensation for their work, is constantly striving to better the sanitary condition of the city, in order that sickness and death may be lessened. And from sickness alone do they derive the employment which in return brings them sustenance. In hardly any other walk in life can this paradoxical condition of things be found.

The lessening of mortality in this city from typhoid fever, diphtheria, smallpox, and kindred diseases has been largely accomplished through our various Boards of Health during the last fifteen years, and the efficiency of the board has greatly increased from year to year, until now it has established a bacteriological department—the grandest advance yet made—presided over by the health officer and Board of Health. The health officer, to be sure, is paid a salary by the city (which, by the way, is a far smaller one than it ought to be, as he gives his whole attention to the work coming under his hand,) and a more faithful, competent official than the present incumbent could not well be found. The Board of Health, however, gives its time and work gratuitously. Hardly enough can be said in commendation of all that has been accomplished by them; yet it is surprising that they have not given more attention along the line of preven-

tion of the spread of tuberculosis. To be sure the health officer is instructed to inspect the dairies and milk supply. While this may indirectly have something to do in curtailing the spread of this disease which carries away more of humanity than any other malady that comes under our eye, yet it cannot be denied that the spread of the disease is largely carried on by means of infection which occurs in the rooms that have been inhabited by consumptives.

All over the world these matters, at the present time, are receiving more attention than ever before. Not only are Boards of Health striving to do all that is possible to prevent the infection from spreading, but societies are being organized to aid health departments in this direction. We had hoped that the Board of Health of Los Angeles would take up the matter ere this, as it can do so without any danger of criticism from the profession. Should some physician, however, start out to organize a society for the prevention of the spread of tuberculosis, there would be at once the suspicion on the part of many medical men that the organizer is seeking commendation from the public, and trying to gain glory for himself. The Board of Health would be absolutely free from the possibility of any such uncalled for criticism.

In this city perhaps more than in any other city of the United States, is there the necessity of disinfection of certain apartments. People afflicted with tuberculosis, in all stations of life, from the poorest to those most abundantly supplied with the good things of the world, come to our city from every section, because of the advantage gained from

climatic influences. These sufferers seek quarters in which they remain perhaps for weeks or months, and then either die or move elsewhere, leaving the house or apartments which they have occupied thoroughly infected with the germs of tuberculosis. There can be no doubt that many cases of consumption originate in these hot-beds of infection. It is not possible for the health department to seek out all such points of infection, but it would be an easy matter for the health officer (if supported by the Board of Health, and with direct orders from

public along this much neglected avenue, without causing unnecessary alarm, while it could be done without offense being given in any direction. G. L. C.

The California Hospital.

We take pleasure and pride in the accompanying picture representing the California Hospital, with its new addition, which has recently been completed and occupied.

This is as it claims to be an elegant private hotel for the sick. It is already well filled with patients and is one of



THE CALIFORNIA HOSPITAL, LOS ANGELES.

it) to efficiently disinfect all apartments where death occurs from tuberculosis; as in such instances the certificate of death goes directly to the health office, and he thus has an opportunity to know of every instance of the kind. This would make a starting point from which the line of work could be gradually expanded, and it would also tend to educate the

the prominent successful enterprises of Southern California.

Pasadena Medical Association.

At a meeting of the Pasadena Medical Association, Jan. 12, a case of loss of the cerebro-spinal fluid was reported by Dr. Hull. The patient has fully recovered but with loss of the senses of smell.

Dr. McBride gave a brief account of a large number of cases which he had collected from medical literature. Most of the cases recovered.

Dr. King the retiring president, whose guests the members of the association were, gave an interesting exaugural address.

Dr. J. H. McBride was chosen president, Dr. Geo. Abbott, vice-president and Dr. J. E. Janes, secretary and treasurer.

The most notable things that had been accomplished during the year have been the adoption by the City Council of an anti-spitting ordinance and the establishment of a City hospital.

There were thirty physicians present at the meeting of the Pasadena Association, Feb. 9. In the clinical section, Dr. Black reported a case of rupture of the aorta into the pericardium due to syphilitic lesions.

Several of the physicians reported cases of sudden death in which the autopsy showed rupture of the heart and arteries as the cause although in many cases it was not suspected before death. Dr. King brought a patient before the association who had recovered from aneurism of the aorta under large doses of iodide of potassium.

Dr. McBride the new president read an interesting paper on "Certain forms of Mental Disorders Due to Specific Disease." He claimed that insanity which was often caused by syphilis was seldom fully recovered from although the patient might be cured of his syphilis, the lesion to the brain substance was such that it could not be repaired.

Dr. Brainerd opened the discussion on the paper, agreeing with it in many par-

ticulars but thinking that more cases were cured than had been thought by Dr. McBride.

Drs. Black, Abbott and James were appointed a library committee to take charge of the medical library presented to the city by Dr. J. Q. Adams, formerly of Pasadena, now at the Soldiers' Home. The doctors propose to have a separate room for it.

Drs. Van Slyck, Rowland and King were chosen censors.

Editorial Notes.

The Philadelphia Academy of Surgery, publishes the fact that competition for the Samuel D. Gross prize of one thousand dollars is still open, no essay which the Trustees deemed worthy of the prize having been received on January 1, 1900. They hereby announce that the prize will be awarded on October 1, 1901.

It is a real pleasure to note the pains taken by our reliable drug houses to aid in every way the physician in the intelligent care of the sick. The question of alimentation is of great importance and we call the reader's attention to the new prepared food which Wyeth has originated. The advertisement appears on another page.

Resolution of Pasadena Medical Association on the Death of Dr. R. J. Mohr.

At a special meeting of the Pasadena Medical Society the following resolutions were adopted:

"Whereas, Dr. R. J. Mohr, an honored member and former President of this

society has been removed from us by the hand of death—therefore be it

“Resolved, By the Pasadena Medical Society, that, in the death of Dr. Mohr, this society has lost a worthy brother, an earnest and skillful practitioner, devoted to the best interests of the profession, a loyal friend and an honorable gentleman, and the city an upright and useful citizen.

“Resolved, That we extend to his

sorrowing family our warmest sympathy and the assurance that we mourn with them their and our irreparable loss.

“Resolved, That these resolutions be spread upon the minutes of the society, published in the daily papers and a copy sent to the family.

“DR. D. D. VAN SLYCK,

“DR. F. F. ROWLAND,

“DR. DEACON, Com.”

BOOK REVIEWS

A TEXT BOOK OF EMBRYOLOGY.—For Students of Medicine, by John Clement Heisler, M. D. Professor of Anatomy in the Medico-Chirurgical College, Philadelphia. With 190 Illustrations, 26 of them in colors. Philadelphia. W. B. Saunders, 925 Walnut Street. Price \$2.50 net.

This book, being a concise, and yet sufficiently full, work upon the subject of Embryology, makes it a most valuable contribution to the library of every medical man. The fact that embryology has acquired in recent years such a great interest in connection with teaching and with the proper comprehension of human anatomy, it is important that some such book as this (and among this class the reviewer knows no better) should be available to every practitioner. Some of the larger books enter into the minuteness of detail to such an extent that it confuses the beginner while many of the more abridged ones omit much that is of importance. The illustrations are particularly well selected and clear, and they are arranged as nearly as possible in proper chronological sequence.

The book is very commendable in every direction, and advances the latest scientific knowledge on the subject which it covers.

THE SURGICAL DISEASES OF THE GENITO-URINARY TRACT, VENEREAL AND SEXUAL DISEASES.—A Text book for Students and Practitioners. By G. Frank Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and

Syphilology in the Medical Department of the State University of Illinois; Professor of Criminal Anthropology in the Kent College of Law; Surgeon-in-Chief of the Genito-Urinary Department of the West-Side Dispensary. Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States to the International Congress for the prevention of Syphilis and the Venereal Diseases, held at Brussels, Belgium, September 5, 1899, etc. Illustrated with 233 Engravings. $6\frac{1}{2} \times 9\frac{3}{4}$ inches. Pages xvi-1024. Extra Cloth, \$5.00, net. Sheep or half-Russia, \$5.75, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

To the majority of men in the medical profession the name of the author of this work is familiar both in a professional and literary way. His various contributions along the line of his specialty have been well received by the profession. This work, which is more comprehensive than any heretofore presented by him, will doubtless, also, be well received by the profession at large. He discusses without fear many of the questions which other writers along this line have ignored. There can be no question that many of his assertions will be criticised, for they bring up problems which have always found various solutions by mankind.

In his chapter (page 7) on “Regulation of the Sexual Function” there is much to be commended and little to be criticised. The following statement is not without interest, as illustrating his argument:

"The most unfortunate feature of it all is that society offers less inducement to matrimony than formerly. The average young man of today justly considers matrimony a too expensive luxury. In the case of women the matrimonial problem is still more difficult. They are debarred by social custom from taking the initiative. Taken all in all, intelligent physicians and sociologists alike are united in the belief that the existing conventional extramatrimonial relations of the sexes are not physiologic, however moral they may be."

Under the "Treatment of Chancroid," page 299, regarding Prophylaxis, he makes this statement: "The registration of prostitutes, and the licensing of bagnios may not be pleasant to the mind of the theoretic moralist, but in the light of preventive medicine it has its manifest advantages. Laws might be enacted compelling the proprietors of licensed houses to submit their inmates to frequent and thorough medical inspection. . . . Prostitution is coeval with society, and probably will always exist; hence, the sooner we cease moralizing and deal with the subject from a philosophic standpoint, the better it will be for civilization. Prostitution cannot be prevented, nor is it certain that it would be wise to suppress it, but it can, and sooner or later must be regulated."

On page 441, under "Relation of Syphilis to Cancer," is this statement: "It is unfortunate that the profession has not more carefully noted the cases in which carcinoma has developed in syphilitics. There are many cases in which careful study might demonstrate the casual relation of syphilis to malignant disease."

On page 461 he relates some interesting cases of late manifestations of hereditary syphilis.

Taken as a whole the book not only discusses well this ever interesting subject, but opens up to the reader a great field of thought.

SAJOUS'S ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE. —By Charles E. de M. Sajous, M. D., and One Hundred Associate Editors, assisted by Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. Volume IV. Philadelphia, New York, Chicago. The F. A. Davis Company, Publishers.

The fourth volume of this work, which covers the subject from "Infants. Diarrheal Dis., of to Mercury" seems to fulfill the promise made by the 1st, 2nd and 3d volumes. The marked success of the work is probably largely due to its novel plan, i.e., a general article upon each disease, sustained by the salient points of the literature of the last ten years, together with the excellence of the general articles. The general article being presented with large type, while the literature of the subject is presented in small type.

The articles on "Insanity," by George H. Rohe, of Baltimore, the one on Diarrheal Diseases of Infants," by Prof. Blackader, of Montreal, and the one on "Locomotor Ataxia," by Dr. W. B. Pritchard, of New York, are worthy of special commendation, while the articles on "Disease of the Liver," by Prof. McPhedran, of Toronto, and on "Malarial Fevers," by Prof. James C. Wilson and Dr. Thos. G. Ashton, are also of great interest.

AN ATTRACTIVE JOURNAL.

The New York Lancet with which is incorporated the Archives of Gynecology, Obstetrics and Pediatrics comes to us in a very attractive* form for January and contains a great deal of fresh readable material. It is published by J. B. Flint and Co., 156, 5th Avenue, New York and only costs \$1.00 per year. The editor is Dr. Walter B. Chase, 263 Hancock St., Borough of Brooklyn, New York City.

PELVIC DISEASE IN THE INSANE.

Dr. Ernest Hall of Victoria, British Columbia, has written an interesting essay on the above subject which was awarded the first prize by the Trinity Alumni Associate. Dr. Hall concluded as follows:

"With reference to the treatment of these cases the day of Churchill's tincture of iodine has gone and with it the role of useless pelvic calisthenics that we were taught to play. Lacerations, strictures, adhesions and neoplasms require more affective measures than sound and swab. The established principles of operative gynecology apply to the insane as to the sane, viz: if possible, to restore the parts to their natural condition, if not to remove the diseased structures. We do not presume to state that in the pelvis is found the source of all female ills, but we do insist that an insane woman should be given relief from physical suffering as well as her sane sister. Why should she suffer from prolapsus, ovarian-cyst, pyosalpinx or other unnecessary physical disease when recognized methods of cure are at our disposal? Surely her mental distress is sufficiently great without the addition of bodily discomfort. Clifford Allbut says 'pelvic disease in the insane should be made the subject of treatment' and what intelligent practitioner can raise a dissenting voice?"

THE WESTERN CLINICAL RECORDER.

This is one of the bright new journals and it is edited and published by Dr. Fred Gener Hodges and Dr. Wm. F. Reinhart, Ashland, Wisconsin. The price is \$1.00 per year and it is replete with good original articles and valuable excerpts.

CROCKETT'S GYNECOLOGY.—A Pocket Text-Book of Diseases of Women, by Montgomery A. Crockett, A. B., M. D., Adjunct Professor of Obstetrics and Gynecology, Medical Department of the University of Buffalo, N. Y. In one handsome 12mo. volume of 368 pages, with 107 illustrations. Cloth, \$1.50, net. Flexible red leather, \$2.00, net. Lea Brothers and Co., Philadelphia and New York. February, 1900.

This is a very useful work. Although not a ponderous one to me it contains many valuable points. The author says wisely: "Train the tactile sense of the

left index-finger, so that the stronger right hand may remain free for outside manipulation. The best lubricant is a germicidal soap." (Green soap.) We can commend the book to the undergraduate and also to the practitioner who desires to quickly refresh himself on any gynecological subject.

POTTS' NERVOUS AND MENTAL DISEASES.—A Pocket Text-Book of Nervous and Mental Diseases, by Charles S. Potts, M. D., Instructor in Electro-Therapeutics and Nervous Diseases in the University of Pennsylvania, Philadelphia. In one handsome 12mo. volume of 442 pages with 88 illustrations. Cloth, \$1.75, net. Flexible red leather, \$2.25, net. Lea Brothers and Co., Philadelphia and New York. February, 1900.

This work (the seventh volume of Lea's Series of Pocket Text-Books) furnishes a concise exposition of the most modern knowledge of its two separate but closely allied subjects. The histology and physiology of the nervous system have been discussed in a manner essential to the understanding of the pathological conditions and symptoms arising therefrom.

Full attention is given to matters of general symptomatology and methods of examination, and therapeutic measures both medicinal and non-medicinal are thoroughly discussed in the light of the most recent discoveries and achievements.

CONSUMPTION AND CHRONIC DISEASES.

—A hygienic cure at patient's home of incipient and advanced cases. A popular exposition of the open-air treatment, with latest developments and improvements. By Emmet Densmore, M. D., author of "How Nature Cures," "The Natural Food of Man," etc. Cloth, 198 pages, price \$1.25. New York. The Stillman Publishing Company.

This book is very ingenious. It is a plea for open air and abundance of milk. It gives many details of the management of patients in the various sanatoria.

SAUNDERS' AMERICAN YEAR BOOK.—Under the general editorial charge of George M. Gould, M.D., in 2 volumes; price, cloth, \$3 per vol.; morocco, \$3.75 per vol. Philadelphia, W. B. Saunders, 925 Walnut st., 1900. As we have before stated in the *Southern California Practitioner*, this

valuable work is now published in two volumes one being devoted to medicine, the other to surgery. The volume on surgery is divided into eight sections. First, General Surgery, by W. W. Keen, M. D., and J. Chalmers Da Costa, M. D. This is a very complete resume of the subject, taking up two hundred and twelve pages. Second, Obstetrics, by Barton Cooke Hirst, M. D., and W. A. Newman Dorland, M. D. This department is particularly well illustrated and covers seventy-three pages. Third, Gynecology, by J. Montgomery Baldy, M. D., and W. A. Newman Dorland, M. D., taking eighty-six pages. Fourth, Orthopedic Surgery, by Virgil P. Gibney, M. D., and J. Hilton Waterman, M. D. Fifth, Ophthalmology, by Howard F. Hansell, M. D., and Wendell Reber, M. D. Sixth, Otology, by Charles H. Burnett, M. D. Seventh, Diseases of the Nose and Larynx, by H. Fletcher Ingals, M. D., and Henry G. Ohls, M. D. Seventh, Anatomy, by C. A. Hamann, M. D.

We consider this valuable work much more useful in two volumes than in one.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY.—Being a yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Under the general editorial charge of George M. Gould, M.D. Published by W. B. Saunders, Philadelphia.

The volume on Medicine starts out with General Considerations Regarding Infectious Diseases. Under the Etiology of Typhoid fever attention is called to the fact that careful study has shown that disinfection of urine should receive more careful attention than is commonly given since it is probably more active in spreading the disease than are the feces.

An epidemic of typhoid among 33 soldiers is reported, in which the period of incubation was thought to be accurately determined. In three cases this

period was two days; in seven cases three days, and in only seven out of the 36 cases was it over seven days. The short period was thought to be explained on the ground that the soldiers were greatly exhausted at the time they drank the infected water.

The short articles on the Bubonic Plague are especially interesting at the present time.

J. L. André reports five cases of erysipelas in which Marmorek's serum was used with success.

J. J. Liggett records a case diagnosed by himself as hydrophobia. While there is a question raised as to the correctness of the diagnosis, it is interesting to note that recovery ensued after the "administration of 260 grains of calomel in a little over a day."

A case of chronic glanders is reported which was cured by repeated operations.

The twenty pages devoted to tuberculosis contain some very interesting items regarding the communicability and treatment. About the same amount of space is devoted to diseases of the stomach.

Under Pediatrics on page 267, it is stated that America seems to have more endemic diphtheria, with a greater fatality, than does England. It is also positively affirmed that contrary to the popular idea of the profession, diphtheria is more abundant in years in which the rainfall is most deficient and "the epidemics are on the largest scale when three or more years of deficient rainfall immediately follow each other."

Pages 302 to 364 are devoted to pathology by David Riesman, M. D., of Philadelphia. The chapter is full of interesting statements and of itself makes a valuable contribution to medical literature.

Over forty pages are well devoted to Materia Medica and Therapeutics. It is refreshing to note that the past year has been more largely devoted to working out of details than in presenting new remedies.

The volume closes with a chapter on Physiologic Chemistry which is preceded by a chapter on Public Hygiene and Preventive Medicine.

The usefulness of the book is greatly emphasized by the complete index.

G. L. C.

THE DEVELOPMENT OF EASTERN AND WESTERN WOMEN RESPECTIVELY.—According to the Journal of the American Medical Association for January 6th, Doctor J. W. Seaver, as a result of anthropometric measurements of the girls at Wellesley College and the University of Nebraska, has noted certain differences in the physical proportions. He is quoted as saying that the Wellesley girl has the smaller chest girth, while the Nebraskan is deeper chested, and is particularly stronger in lung capacity. In height, the Wellesley girl leads. There is an interesting difference in the heads of the two types; that of the Wellesley girl is much larger; she is flat-headed. He accounts for the difference in the types by the predominance of Teutonic blood in the West.

THE DISPENSING OF ALCOHOL BY PHYSICIANS.—The Journal of the American Medical Association for January 13th says that according to a recently reported decision of Commissioner Wilson, of the United States Department of Internal Revenue, a physician who prescribes and sells to his patients whisky, brandy, wine, or any other alcoholic liquor that is not compounded into a medicine by the admixture of any drug or medical ingredient therewith, is required to pay special tax as a retail liquor dealer, even though the alcoholic liquor thus furnished be prescribed as a medicine only and so used.

TRAINING OF MEDICAL INVESTIGATORS.

Professor Charles Sedgwick Minot, of the Harvard Medical School, delivered the annual address to the Yale medical

seniors on June 27. He said: "We are brought to the conclusion that though the primary function of our medical schools is to educate practitioners of medicine, yet they ought to assume now the further and higher function of training medical investigators. The requirements of comparative medicine call for more changes than we have yet mentioned. The very word comparative implies that animals shall be included in the study."

N. Y. ACADEMY OF MEDICINE.

Section on Orthopedic Surgery.

POTT'S DISEASE OR FRACTURE OF VERTEBRÆ.

Dr. Townsend presented a girl, 6 years of age, with a very obscure history. Two years ago, when living with her grandmother, after an accident in which she fell down a flight of stairs, striking the back of her neck, a bony prominence had been noticed, with difficult respiration and a habit of supporting her head with the hand placed under the chin. Kyphosis was marked, as shown by the accompanying cut, involving the 6th and 7th cervical and the 1st and 2nd dorsal, with a depression of the upper cervical vertebrae.



Dr. A. B. Judson thought that the number of the involved vertebrae pointed away from fracture and towards Pott's

disease. The elements of diagnosis in orthopedic cases might be arranged in the following order of relative importance: 1st, signs (objective,) 2nd, symptoms (subjective,) 3rd, history as given by the mother and 4th, history as given by the grandmother.

Dr. Sayre said that a forward position of the head in cervical Pott's disease was frequently attended by difficult breathing. He thought, however, that the child had suffered a fracture and recalled the case of a man who had fallen down stairs striking the back of his head. Partial paralysis of the arms developed from pressure. A diagnosis of Pott's disease had been made but the signs and history indicated a fracture.

Dr. Townsend said that the treatment, at least, was not doubtful. The affected vertebrae should have complete rest, either by a plaster jacket and head-spring, or by a posterior spinal support and chin-piece. The latter would be less conspicuous and give better support, with or without the addition of supports going up the back of the head, as might be determined by the progress of treatment, which should be prolonged until the disappearance of all signs of an acute condition. Ultimately the patient would carry the head erect without much deformity, as is the rule in cervical disease thus treated.

DON'T WORRY.

How to Cure Worry.—Many persons would be only too glad to hear of a cure for worry. The *Piccadilly Magazine* has a contributor who professes to have solved the problem, and gives the remedy which is as follows: "The psychological basis is what is known as the law of attention, the physiological basis is in the undoubted control of the body by the mind through the nervous system. This is the formula: When the symptoms of worry begin to manifest themselves, when your mind gets to dwelling upon some one troubling matter with feverish insistence, when you find yourself depressed or irritable or overstrung, or full

of foreboding, then go into your room and lock the door. For the first application of this prescription you must be absolutely alone and in silence. After a while you may be able to make these conditions for yourself anywhere, by the complete withdrawal of your mind even in the midst of a crowd; but at first you must be quite alone. Loosen your garments completely; lie down in the most restful position you can assume; avoid raising the head to high, thus cramping the neck and impeding circulation. Now close your eyes for a few minutes, and raising the arms let them fall and lie loosely and naturally above your head. Lie thus for a minute or two, and then begin to take deep, long breaths, as deeply as possible, exhaling quietly and naturally. Keep thus up for five minutes, until you are sensible of a real relaxation and refreshment of the body. You will then be in the physical condition to take up the mental work which you need to do."

DON'T WORRY.

"Don't Worry" movements and circles are being formed all over the world, with the following "Rules for Conquering the Worry Habit:"

1. Consider what must be involved in the truth that God is infinite, and that you are part of His plan.
2. Memorize some of the Scripture promises, and recall them when the temptation to worry returns.
3. Cultivate a spirit of gratitude for daily mercies.
4. Realize worrying as an enemy which destroys your happiness.
5. Realize that it can be cured by persistent effort.
6. Attack it definitely as something to be overcome.
7. Realize that it has never done, and never can do, the least good. It wastes vitality and impairs the mental faculties.
8. Help and comfort your neighbor.
9. Forgive your enemies and conquer your aversions.
10. Induce others to join the "Don't Worry" movement.—*Medical Herald*.

JUST BE GLAD.

Oh heart of mine, we shouldn't
 Worry so.
 What we've missed of calm we couldn't
 Have, you know.
 What we've met of stormy pain,
 And of sorrow's driving rain,
 We can better meet again,
 If it blow.
 We have erred in that dark hour
 We have known;
 When the tears fell with the shower;
 All alone.
 Were not shine and shower blent
 As the glorious Master meant!
 Let us temper our content
 With his own.
 For we know not every morrow
 Can be sad;
 So, forgetting all the sorrow
 We have had,
 Let us fold away our fears,
 And put by our foolish tears,
 And through all the coming years
 Just be glad.

—James Whitcomb Riley.

THE PASSING OF THE MIDWIFE.

The most glaring anachronism in medicine today is unquestionably the management of labors by midwives. If their presence is an anachronism, and the standard of medical practice is toward improvement, then their disappearance is inevitable. It is quite possible for many midwives to rise to the education required to satisfy the requirements of different countries and become doctors. They will then cease to be midwives before the law. Thanks to the arduous labors of obstetric scientists, the plane of obstetric practice has arisen above the reach of the genus midwife.

This midwife question has disturbed the even pulse of many a gathering of the savants of medical societies. Shall she be educated? Shall schools be established for her? Shall she be licensed? In the care of poor women whom she attends for a few dollars, is there a substitute who will give equal care and as good or better skill? Is not an expe-

rienced midwife preferable to an inexperienced physician? Our somewhat over-expanded hospital and dispensary service to the poor in all other departments of medicine now extends them the benefit of as good skill and care as goes to the rich. Is Obstetrics up with her sisters in the race? Let us see.

In Germany and Austria the midwife averages a much more satisfactory standard than in the United States. She receives more assistance in preparation for her duties. At the same time many more women proportionately are confined in hospitals. There is not so much for them to do. In Great Britain there has been no marked change for or against her. But the leaven of scientific righteousness is evidently at work. At a meeting of the General Medical Council on November 28th, Mr. Brown disturbed the peace by proposing that "The Obstetrical Society be informed that the Council can no longer assent to their holding examinations and granting pseudo-diplomas to midwives." "You may suppose that this might meet with general support, seeing that the Council once condemned the Society and threatened action. But, no, the Council afterwards climbed down and let their obstetric friends carry on their illegal traffic on sham diplomas on altering the form of the certificates with which they flood the country." A general practitioner declared "he would dissociate himself from any imputation that these eminent men carried on their examination for the sake of fees" (Correspondence Med. Record.) Such heat will soon fuse the connections in the relations between doctors and midwives, and we may look for a change ere long in England.

Twenty years ago in this country, so far as we know, there was not a medical school which made attendance on confinements a requisite of graduation. A large number now require such experience.

The union of medical education with medical charity is almost an essential combination to get satisfactory results for either interest. Regardless of dis-

cussions and plans of our societies, the alliance of clinical obstetrics with theoretical teaching is threading the way to a satisfactory solution of the whole question.

As an example of the change taking place in the obstetric situation in New York (Borough of Manhattan) twenty years ago there were estimated to be about 50,000 confinements a year, of which the midwives attended one-half. Since then several institutions closely connected with medical education have appeared, which have much enlarged the in-door obstetric service available for teaching practical obstetrics, and have developed systems of attendance on poor women in the tenements which may be termed a reversal of the dispensary system, in that as the patient cannot come to the dispensary the dispensary will go to the patient.

Over 20 per cent. of the work formerly done by midwives is now carried on by these out-door obstetrical dispensaries. A similar change is now going on in most of the large cities of this country.

This change will continue until little is left to midwives save the one field which will always be conceded—induced abortion. The transportation of obstetrical clinical experience from the midwife to the educatable student of medicine will prove of greater advantage to all women in confinement than would a specific cure for puerperal infection.—Editorial "Obstetrics."

SMALL-POX BEING EXTINGUISHED BY VACCINE VIRUS.

The vivid descriptions of smallpox epidemics in the pages of great historians ought to teach us modern mortals what the loathsome disease must have meant in horror and dread to all mankind before the efficacy of vaccination became generally acknowledged.

Even more impressive than the classical pictures of the historians is the evidence presented by the statistics in which are crystallized the experience of entire nations. A calamitous smallpox

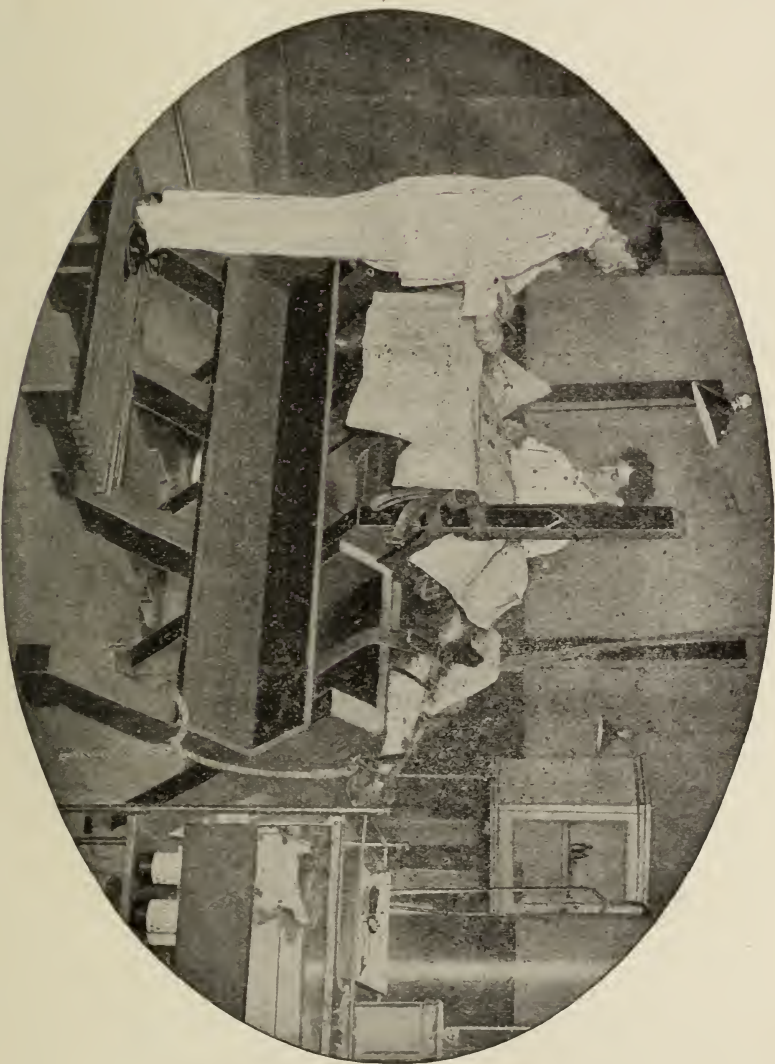
epidemic raged in Germany during 1870-71, carrying off 143,000 victims in a population of 50,000,000, and in 1874 a law was enacted making vaccination obligatory in the first year of life and revaccination also obligatory at the tenth year.

In consequence of this law smallpox has been so successfully stamped out in Germany that the annual loss of life from this disease is only 116.



Grinding Vaccine with Glycerin—Emulsifying Apparatus to the Left.

Similar figures are afforded by every civilized country, and the lesson they teach is reinforced by the disastrous experience of many careless communities which have temporarily neglected to perform systematic vaccination among the people. The city of Montreal can bear sorrowful witness, from its epidemic in 1885, and the English city of Gloucester, from its outbreak of smallpox in 1896, to the appalling evil which is likely to follow concessions made to anti-vaccination sentiment.



Collecting the Vaccine.

OPPONENTS OF VACCINATION.

The principal stock in trade of those who oppose vaccination is borrowed from the ancient and discarded method of "arm to arm" inoculation, syphilis and possibly other diseases being thus communicated from child to child. In the vehement objections to animal vaccine the tubercular germ has been the great bugaboo.

But to these unfounded and childish grounds of opposition must be added others of more weight and truth. The old-fashioned ivory point, coated with vaccine matter in the slovenly manner until recently superceded by glycerinized lymph, was a frequent carrier of germs of disease.

We here show some of the steps in the making of the glycerinized lymph by the house of Parke, Davis and Company.

Briefly the method is to choose healthy heifers about 18 months old, carefully examined beforehand by a veterinary surgeon for any disease. Tuberculin test is applied in every case, any heifer showing disease is rejected. The healthy animals are washed all over, the abdomen scrubbed and sterilized, scarified, inoculated with pure vaccine, the wound covered with an aseptic dressing. The dressings are removed in suitable time, the virus collected, ground and mixed with glycerin, aseptically. The finished product when put in sealed glass tubes is sure to be pure, fresh and free from disease germs.

New Licentiates.

1104 Van Ness Ave., San Francisco, Cal.
Office Board of Examiners Med Soc.,

State of California, Feb. 6, 1900.

The following certificates to practice medicine and surgery in this State were granted on the above date:

5472 Armstrong, J. Stone, Buffalo, N. Y., Jefferson Medical College, Pa., Mar. 12th, 1879.

5473 Caldwell, Jim A., Le Grand, Merced Co., Med. Dept. of Vanderbilt Univ. Tenn., Apl. 4th, 1899.

5474 Cornelius, C. W., Portland, Or., Med. Dept. Univ. of Oregon, Mar. 30th, 1889.

5475 Dickson, Lindsay Frederick, Santa Cruz, Royal College of Surgeons, London, England, Apl. 4th, 1856, Univ. of St. Andrews, Scotland, Oct. 18th, 1856.

5476 Dott, Lehm Harry, Chicago, Ill., Illinois Medical College, Chicago, Ill., Aug. 31, 1899.

5477 Dougherty, William Aloysius, San Francisco, Cooper Medical College, Cal., Aug. 22nd, 1899.

5478 Fleckinger, Joseph, Superior, Nebraska, Med. Dept. Univ. of Tennessee, Mar. 22nd, 1894.

5479 Forward, Francis Edward, England, Royal College of Surgeons, England, Oct. 18th, 1888, Royal College of Physicians, London, England, July 25th, 1889.

5480 Gathmann, Henry F. A., New York, College of Phys. and Surg., Chicago, Ill., Apl. 19th, 1899.

5481 Godfrey, Edmund L. B., San Diego, Jefferson Medical College, Pa., Mar. 11, 1875.

5482 Henesey, Walter Joseph, San Francisco, Med. Dept. Univ. of California, May 16th, 1899.

5483 Herwig, Emil M., San Francisco, Medico Chirurgical Coll., Pa., Mar. 29th, 1883.

5484 Johnson, Edward Lee, Los Angeles, Albany Medical College, N. Y., Apl. 1st, 1891.

5485 Lawson, Oscar V., Seattle, Wash., Illinois Medical College, Chicago, Ill., Aug. 31st, 1899.

5486 Lawbaugh, Albert I., Los Angeles, Long Island Coll. Hosp., N. Y., June 30th, 1870.

5487 Limebaugh, John A., Pendleton, Or., Starling Medical College, Ohio, Mar. 6th, 1890.

5488 Martindale, John Howard, Los Angeles, Med. Dept. Univ. City of New York, Mar. 10th, 1885.

5489 McGillivray, T. Shannon, Hamilton, Ont., Coll. Phys. and Surg., Ontario, Can., Oct. 29th, 1889.

5490 McLain, George, San Francisco, Trinity Coll., Toronto, Can., May 9th, 1881, Trinity Coll., Toronto, Can., May 10th, 1892, Fellow Trinity Med. Coll., Ontario, Apl. 14th, 1892.

5491 Muench, Albert, San Francisco, Med. Dept. Univ. of Louisville, Ky., Feb. 28th, 1899.

5492 Nutt, John Joseph, San Diego, Med. Dept. Univ. City of New York, May 4th, 1897.

5493 Rush, William T., Lake Kalzap, Ont., Trinity Univ. Toronto, Canada, Apl. 7th, 1897.

5494 Scherk, Frederick H., Los Angeles, University of Toronto, Canada, Oct. 16th, 1890, Coll. Phys. and Surg., Ontario, Canada, Oct. 30th, 1890.

OUR ADVERTISERS.

BROMIDIA IN THE TREATMENT OF EPILEPSY.

The New Albany Medical Journal for November, 1898, contains an article on "Epilepsy Treated by the Use of Bromidia," by T. Edward Converse, M. D., of Louisville, Ky., which, after discussing the use of medicines chiefly relied upon in the treatment of that disease, and giving the needful hygienic measures in considerable detail, concludes by referring to "the question often raised: How long will the patient have to keep up the treatment?" If the bromides are given, they should be continued for at least two years after the last convulsion, or if combined with the chloral hydrate in the form of bromidia, a year and a half is sufficient in most cases. If the patient is having several attacks during the day, a teaspoonful of bromidia after the attack and repeated in an hour will abort the next attack; but, as a rule, one teaspoonful will be sufficient.—Sanatarium, April, 1899.

Don E. Ashly, M. D., Guy's Mills, Pa., says: After the mania produced by improper use of alcoholic beverages has been controlled, I know of no better compound than Celerina to restore tone to the nervous system and vigor to the whole human economy. I find it an excellent remedy for colliquative sweats, especially in convalescent cases of typhoid fever. I speak not from the experiences of other physicians, not from hearsay, but from knowledge obtained from the careful observation of happy results brought about by the administration of this useful medicine.

THE CONSUMPTIVE'S ROOM.

A duster, particularly that potent distributor of germs, the feather duster, should never be used in the room habitually occupied by a consumptive. The floor, woodwork and furniture should be wiped with a cloth moistened with a mixture of Platt's Chlorides and

water (one part to eight.) If carpeted, the floor should be well sprinkled with this dilution before sweeping. The cuspidor should be washed out daily with boiling water and a mixture of one part Platt's Chlorides and four parts water kept constantly in it to receive the sputum.

LEUCORRHEA.

"Dioiburnia is nearly a specific in Leucorrhea. The ingredients are all good. The combination better. I used it in a case of Leucorrhea of long standing and it did excellent work. I do not think it will disappoint any practitioner. (I gave it in desertspoonful doses.) I recommend it and shall continue its use. As the formula is given, physicians need not be afraid to try it, for it is no secret nostrum.

"A. D. BROOKS M. D.,

"Grand Island, N. Y."

DR. SCHENK AND THE UNIVERSITY OF VIENNA.—According to the Boston Medical and Surgical Journal for January 11th, it is reported that Dr. Schenk, for the past twenty-six years in charge of the Institute of Embryology, who has of late come into particular prominence because of his theories regarding the determination of sex, has been removed from his position at the university, because of his radical views. We imagine, however, that the course has been adopted not on account of the radical views of Dr. Schenk, but in consequence of the extraordinary measures adopted by him to court public notoriety through the lay press.

SANMETTO IN ENURESIS NOCTURNA.

While visiting my nephew in Illinois last Christmas, he told me his little girl, six years of age, had always "wet the bed" at night, and asked me "what shall I do for it?" I procured

OUR ADVERTISERS.

three ounces of Sanmetto, all the druggist had at the time; the second night she missed, and has had but three nightly emissions in two weeks. He wrote me last week "We consider her cured but shall keep an original bottle on hand and use if necessary." I have uniformly good results from prescribing Sanmetto in kidney and bladder complaints.

T. T. HUBBARD, M. D.

Saginaw, Mich.

AN OFFER NOT TO BE OVER-LOOKED.

Liquor ferri et mangani peptonatus is at best a feeble compound, which will deteriorate by age or excessive heat, unless it is unduly fortified by alcohol, formaldehyde, or other preserving agents. Worden & Co.'s Duo-Peptonate is a strictly correct peptonate, subject to

these conditions; this very fact proving it to be exactly what it claims. In case of deterioration they will, however, upon information, replace the compound, free of cost to the middleman. This is certainly very liberal treatment of their customers.

NEW ADVERTISEMENTS.

We wish to call our readers' attention to the new and reliable firms advertising with us this month. They are the Bovinine Mfg. Co., The Long Beach Sanitarium, J. V. Walden, Swedish Medical Gymnastic Institute, The Capitol Milling Co., M. J. Breitenbach, agent for Pepto-Mangan, Gude, and Bureau of Civil Service Instruction.

For advertising rates write to Dr. C. G. Stivers, Business Manager, Southern California Practitioner, 315 W. 6th St., Los Angeles, Cal.

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ORIGINAL.

REPORT OF A SECOND OPERATION FOR TUBAL PREGNANCY UPON THE SAME PATIENT WITHIN A YEAR.*

BY E. R. SMITH, M.D., LOS ANGELES, CAL.

This report is intended to supplement the one presented to this society May 19th, 1899, and published in the "Southern California Practitioner" for August, 1899, which report I will briefly summarize.

Mrs. J., 27 years old, married four years, never pregnant before. Has had pelvic trouble of some kind for years for which she had been treated by different physicians. She missed her menstrual period due Feb. 1st, 1899. Was taken violently ill March 3rd; was taken to hospital the same day and discharged March 10th, and was supposed to have been relieved of the product of conception by the curette.

Patient was able to go about but had constant pain and flow of blood. She consulted me March 27th. I removed the larger of these two specimens April 11th by abdominal section. Recovery was uneventful and her health continued good except for a chronic nervous condition with tendency to insomnia.

Patient removed to an adjoining town in November, 1899. February 10th of the present year her husband came to my office and gave the following history:

His wife had been exceptionally well for several months. She had menstruated normally Dec. 17th; had missed the January period, and was taken ill Jan. 30th, just eleven months from the be-

*Presented to the Los Angeles County Medical Association, March 23, 1900.

ginning of her first illness. She had had very severe pains, had lost a great deal of blood, had passed a membrane which was thought to be a product of conception, but upon that point the attending physician seemed to be in doubt. Her attendant wished to use the curette, but was not permitted to do so. At the end of ten days her symptoms were no better, but rather worse, and I advised the husband to bring her to the California Hospital, which he did Feb. 12.

I will quote from my first report the result of my first examination:

"Upon examination I found the uterus movable, soft, $3\frac{3}{4}$ inches in depth and pushed up against the pubis by a mass, partly filling the pelvis posteriorly and to the left of the uterus. The mass did not fill the 'cul de sac,' was boggy and slightly movable."

This description applies to the conditions now present except that the mass is smaller than in the former case, is more distinctly circumscribed, and is wholly at the left side of the uterus.

I diagnosed tubal pregnancy with hemorrhage within the folds of the left broad ligament. This was also my diagnosis the first time, but it was afterward shown to be wide of the mark. I was quite positive this time that the left tube was concerned in the mischief, as I had the right one safely in pickle. Operation February 14th by median abdominal incision through the old scar. Diagnosis verified in every particular. The tube which you see here exhibited was tied off with catgut and removed. A mass of blood clots, six to eight oun-

ces in quantity, was found safely inclosed by the folds of the broad ligament, and was carefully cleaned out and the rents in the broad ligament closed by means of fine catgut, and the operation completed in the usual way, and the patient again made an uneventful recovery.

The feature of especial interest in this case is the fact that this accident—impregnation of a tube—occurred twice within a year, and that the patient twice successfully passed through the dangers incident to the rupture of the tubal sac, and to treatment based upon faulty diagnosis, compared with which the dangers incident to complete extirpation of the fecundated tube in each instance were trifling.

Cases of repeated extra uterine pregnancy in the same patient are reported by Zangemeister (Year Book, 1900) who has seen three cases, and has collected reports of thirty-one additional. Dr. Chas. P. Noble of Philadelphia, also reports two recent cases.

We have the best authority for choosing the vaginal route in this class of cases, and I believe that the hematocele in this instance could have been safely disposed of through a vaginal incision, but this mass which you have examined would have been left by the majority of operators who employ this method and I submit the question to any one who has seen this specimen whether this patient's prospect for a perfect recovery is not infinitely better than it possibly could be with this thing dangling from the left horn of her uterus.

DOCTOR BARLOW IN ROME.

Hotel D'Europe, Piazza di Spagna, Rome, Italy, March 4, 1900.

Editor Southern California Practitioner:
My Dear Doctor:

Since January first, the winter has been spent in Italy, the last six weeks in Rome, where the weather has, unfor-

tunately, been for the most part very unpleasant. Although Rome is now famous as a winter resort, other attractions than the climate must bring the people. During the winter months, great changes of temperature occur in a few hours; dampness and much rain are ex-

pected, both of which this year have been unusual, with the resulting great amount of influenza, of which you have doubtless read. Over thirty thousand cases have been reported, taxing the capacity of the several hospitals. The epidemic, which has been general throughout Italy, has here shown a mild form; a sudden rise of temperature to 103-104 deg. F., preceded by slight chill, with the general pains through the muscles of body and limbs, headache, etc. The temperature usually drops in 24 hours to 99 or 100 deg. F., where it remains a few days only. There is often the slight bronchitis with few or no physical signs, and none of the dreaded pneumonia, which so frequently accompanies our cases of influenza. The attack usually lasts one week, the patients being discharged within that time.

The epidemic is now past, and the general hospitals are just beginning to receive the annual malarial fever patients, which come chiefly from the Campagna and the low lying districts outside the city. The pernicious form, or the so-called Roman-fever, is no longer common here, and only appears in the late summer. The tertian, quartan and mild cachetic forms may now be seen in the wards.

Rome has three large general hospitals; first, the largest "San Spirito," for male medical cases, contains 800 beds, (about 120-150 patients in each three of the large corridors) and at present is overcrowded with 1000 patients; second, for female medical cases, and third for general surgery. These are not modern buildings, are inadequately heated and

badly ventilated. This is quite generally recognized, and the government is now building an extensive hospital and polyclinic outside the city walls, an excellent site with the view of the broad fertile Campagna. This is on the pavilion system, the plan of which may be seen by those who visit the Paris Exposition, separate buildings connected above and below ground, much like the modern hospital in Nuremberg which far surpasses it. Owing to the lack of funds, and Italian politics, this hospital, so much needed, begun seven years ago, will not be finished for another two or three years. Such is one way that Italy progresses. The original plan and construction has, unfortunately, not been adhered to, and the first buildings are much superior to those now in course of erection.

The construction of the operating room, the arrangement for accommodating the students, who will in future take their entire course on these grounds, could not, I think, be improved upon.

The private hospitals in Rome, to which I have had access, are not comparable to those to which we are accustomed, so I will not prolong this letter by giving my poor impression of them. Next week will find me in Northern Italy, and the first of the month in Berlin, where work will be resumed on internal medicine for several months. Hoping this may be of some interest, I remain,

Very truly yours,

W. JARVIS BARLOW.

Care J. S. Morgan & Co., 22 Old Broad St., London, England.

THE LIGATURE VERSUS THE CLAMP AND CAUTERY IN THE TREATMENT OF INTERNAL HEMORRHOIDS.

BY WELLINGTON BURKE, M.D., LOS ANGELES, CAL.

Much has been written upon this subject, and each method has its strong supporters in the profession. The ligature

seems to find favor with the greater number of physicians, due no doubt, to the fact that the majority of them are

not equipped with the necessary apparatus or a want of familiarity with its workings. So far as the results of both methods properly performed are concerned, it may be said they are on a parity; but that the clamp and cautery has many advantages over the ligature, aside from this fact, it will be our endeavor to show. In order to set forth the salient points of both operations in a brief way, we will arrange them as follows:

LIGATURE. TIME OF CONFINEMENT TO ROOM.	CLAMP AND CAUTERY.
Eight to fifteen days.	Three to seven days.
PAIN. Marked until sloughing takes place.	Practically nll, frequently absolute freedom.
HEMORRHAGE, (during operation.) Slight.	Slight.
HEMORRHAGE, (post operative.) May be serious from slipping of ligature.	Rare, as all vessels are closed before removal of clamp.
STUMP. Does not begin to heal until ligature comes away. Frequently ligature has to be removed.	Healing begins at once.
ULCER. Tendency to chronic ulcer following operation.	None occurs. Rapid healing the invariable rule.
INFECTION. Abscess, Pyemia or Tetanus may occur.	Absolutely no danger, since wound is aseptic, if surgical cleanliness is maintained.
OPIATE. Usually necessary.	Rarely.
URINE. Retention the rule.	Exceptional.

That the cautery in the hands of one not entirely familiar with it, is an instrument capable of doing a great amount of harm is a fact, the chief danger lying in the application of the iron at too great a heat, when post-operative bleeding will surely occur as a result of the giving away of the devitalized tissue.

Following are some reports on the operation by the clamp and cautery:

Burghard (Lancet, April 6, 1893.)

"One hundred to one hundred and fifty cases seen both during and after operation with clamp and cautery; apart from the fact that none of them had a single bad symptom of any kind, there were three points chiefly remarkable about them. First, the extremely small amount of blood lost; secondly, the trivial degree of pain afterward; third, the short time during which treatment lasted."

J. E. Davis, (N. Y. Med. Jour., June 15, 1895.)

"There is a decided advantage in favor of the clamp and cautery. Rarely necessary to prescribe an opiate."

H. R. Colston (Virg. Med. Monthly, April, 1895.)

"Clamp and cautery method considered preferable to all others."

Trowbridge (Boston Med. and Surg. Jour., May 30, 1895.)

"Can be done expeditiously with little loss of blood; base of pile rendered aseptic by use of cautery; no pain following operation, retention of urine extremely rare; confinement three to seven days."

Charles B. Kelsey, (Sajous Annual, 1896.)

"In two hundred and sixty-seven cases treated during five years at the N. Y. Post-graduate Hospital, the clamp and cautery method employed and preferred to all other procedures."

The last five cases operated by the writer are mentioned briefly, to show the time the patients were confined to their rooms, following a clamp and cautery operation.

Mrs. K., aet. 62. Eight tumors, mixed variety with partial prolapse; Case 40 years standing bleeding severe at times during past five years. Confined to room eight days; no pain at any time.

F. H., aet. 59. Mixed hemorrhoids; bleeding; case eleven years standing. Confined to room seven days. Pain slight for six or eight hours; none after.

J. B., aet. 58. Prolapsing internal hemorrhoids; case seventeen years standing. Confined to room six days. No pain at any time.

E. M. D., aet. 37. Internal hemorrhoids, four years. Reported at office on fourth day.

B. S., aet 30. Internal prolapsing, seven in number. Patient left hospital at the end of forty-eight hours and resumed his business.

ANCIENT AND MODERN THERAPEUTICS.*

BY E. HENDERSON, M.D., POMONA, CAL.

Mr. President and Gentlemen of the Los Angeles Academy of Medicine:

In accepting the invitation of the Academy of Medicine to prepare a paper to be read at a meeting of the Society, I was fully aware of the responsibility I at the time voluntarily assumed. In choosing my subject I was also aware of the fact that I might not be able to so arrange and condense the subject matter so that I could even give an epitome of the subject under discussion in one paper. Fully realizing that "Brevity is the soul of wit," I shall endeavor to present a paper free from glittering generalities, and with an eye single to the subject matter in hand to present the same as my conscience and experience directs me.

We find that our field for observation and suggestion is as wide as the universe, and as varied as the skin of the chameleon, for who is there among us, unless he be endowed with the wisdom of our Father Hippocrates, who can today give us the names of all the "isms" and "pathys" that are being proclaimed to the world at large, each with its devotees who are ready to dispense the same for a consideration, as a boon to poor suffering humanity. Therefore, I feel, that in offering a few notes on "Ancient and Modern Therapeutics," that I may be permitted to go forth on a broad gauge. Hoping that at least among the chaff, there may be found a few grains that may be fruitful of good results, so that the time required in reading this paper may not be entirely lost.

Therapeutics is defined as that part of medicine which respects the discovery and application of remedies for disease, or as curative—that pertains to the healing art—that is concerned in discovery and applying remedies for disease.

Therapeutics also treats of the use of diet and medicine. In entering properly upon the discussion of this subject, it will be necessary perhaps to refer to some of the ancient methods of treating disease. According to Homer, the ancient Greeks, if subject to disease would repair to the Temples in order to be healed, just as later on relief is sought by a devotional pilgrimage, or from the waters of some sacred spring and occasionally the healing influence was sought by deputy. The sick person or his representative, after ablution, prayer and sacrifice, was made to sleep on the hide of some sacrificed animal, or at the feet of the statue of some god, while sacred rites were performed. In his sleep the appropriate remedy was indicated by a dream. Moral or dietetic remedies were more often prescribed than medicine.

Later on in Rome we find a system of medicine as taught by Asclepiades, a friend of Cicero, who taught that treatment of disease was not to be directed to any special organ nor to producing the crises or critical discharges of the Hippocratic school, but to correcting the morbid common condition, relaxing the body if it was constricted, causing contraction if it was too lax and in the "mixed state," acting according to the predominant condition.

This simple mode of treatment was the treatment or method from which the school took its name. If history is correct we must give the Arab or the Arabian physicians the credit of producing the first pharmacopea and establishing the first apothecary shops. Many of the names and many of the forms of medicine now used, and in fact the general outline of modern pharmacy, except so

*Read before the Los Angeles Academy of Medicine Feb. 9, 1900.

far as modified by modern chemistry started with them.

It might be well to incidentally mention at this time, the innovation in the treatment of disease as introduced by that revolutionary reformer Hahnemann, who professed that to base medicine entirely on a knowledge of the causes of symptoms as useless. His theory as published in one of his later works, was that all chronic diseases or maladies were results from one of three causes: Psora, syphilis, or scycosis, or else are maladies produced by medicines. He also claimed that seven-eighths of all chronic diseases are produced by itch driven inward. To Hahnemann is ascribed the glory among his followers of introducing the extraordinary theory of "Potentiality" or increasing the effect of medicine by dilutions, reducing them to such infinitesimal quantities, that no analysis can weigh, measure or even recognize them. Passing down to the early part of the nineteenth century, the time when, according to history, our present modern school of medicine was formed and took the shape which it has preserved to our own days from a distinguished French savant.

We learn at this time that, according to his theory, all fevers result as a consequence of irritation or inflammation of the intestinal canal. A number of maladies usually regarded as nervous, were attributed to the same cause. It led, among other consequences, to an enormous misuse of bleeding. Leeches were his favorite instruments, and so much so that he is said to have used 100,000 in his own hospital wards, during one year. I simply mention this to show the difference between then and now in the use of the leech as a curative agent.

Coming down to recent years to a time easily within the recollection of many of us, and I crave the indulgence of the craft to the end that they will kindly permit me to mention a few facts concerning the treatment of various diseases within the past forty of fifty years

in our own country. While in the treatment of some cases the method was extremely, not to say, ridiculously simple, I feel that it is my duty to make a note of them, not that I expect to give anything new to those present, but to show in a manner the vast improvement in the treatment of diseases at the present time as compared to that of physicians of a few decades ago.

The writer's grandmother was a firm believer in the twelve signs of the Zodiac, and the book consulted most, next to her Bible, was an old almanac with the picture of the horribly mutilated man on the inside cover. Every time the sign was in the arm, she must be bled, usually suffering the loss of sixteen ounces of blood at one sitting. I remember years ago a good old Thompsonian doctor who invariably gave an emetic the first thing, regardless of what the trouble might be, and it is a standing joke even to this day, how the old doctor, when he was called hurriedly to attend a man who had been thrown from a wagon and had run a cornstalk through his leg, proceeded to administer the usual emetic before he would even examine the wound. In the same neighborhood, in the state of my nativity (name of the state not given) there were many people who actually believed that a tea made from the bark of the common elder, if the bark was peeled from the ground upward, would act as an emetic and was called by the euphonic name of "High pop a Larum," and that a tea made from the same bark, if peeled toward the ground would act as a physic, and was called "Low pop a Hiram."

Very many other domestic remedies might be mentioned, but the above will serve to show some of the absurdities of the modern medicine, and while the past few years have evolved many "pathys" and "isms," and untold thousands of new remedies have been introduced to the profession, many of them practically valueless as far as any

particular therapeutic value is concerned, yet do we not all hail with delight this period of investigation? We even hope there may be more such men as Koch, Pasteur, Edson, Paquin, Herschfelder, etc.

The rapid advancement in the treatment of diseases dates back to the introduction of the germ theory, which finally developed a special line of work for the bacteriologist, to whom we are indebted largely for the success usually attending the treatment of disease.

It is not my intention to speak of the various remedies introduced recently, as the remedy is generally heralded by a generous supply of circulars containing the usual number of letters from physicians who have tried the remedy and find it invaluable, etc., but to touch lightly upon some of the changes brought about by recent investigation.

First I want to mention the old way of treating pneumonia, which consisted largely of bleeding, blistering and the administration of calomel; in fact, a general depletion was the end sought. I might mention incidentally, the external application of hot poltices, and in this latter method, many physicians still believe. My first experience to the contrary was in 1891. I was spending a few weeks in Butte City, Montana, where pneumonia runs riot during the winter months as you will understand when I tell you that in that city of 30,000 inhabitants, they had 17 funerals in one day from pneumonia alone. A Botanic physician was the first to introduce cold application to the lungs, which I was informed he carried to a point little short of ice cold. His success in pneumonia was phenomenal from the start and the regulars were much perplexed to see the old gentleman called in to see and treat the case as soon as the attending physician announced it pneumonia.

In the New York Polyclinic for Oct. '99, I found an article copied from the

New York Medical Journal, on the treatment of pneumonia written by Dr. Foxwell, which I desire to make a quotation. Dr. Foxwell remarks that "no disease calls more frequently for active interference. A cardiac dilatation, if noted early, may be remedied by the use of strychnine, but twelve hours later it may defy all efforts. Twenty-four hours of high tension may fatally exhaust a heart which would have struggled on had this been cut short twelve hours before. If there is a great thirst, and milk is steadily taken it is better to skim it, and three pints of fresh or four of skimmed milk a day is quite sufficient for an adult. The reprehensible practice of allaying thirst with milk is however, too common; it leads to giving milk at all times and with every variety of frequency and vomiting, constipation, and anorexia result. The author advises satisfying the patient's thirst without stint at every hour of the twenty-four with plain or flavored water, but not with liquid food. Food, liquid or solid, must be given at stated hours and the amounts must be small and about equal."

It is not in the province of this paper to enter in a detailed account of the advancement made in the up-to-date methods of handling and treating the various types of disease, but in a general way to mention certain features that probably predominate in the field of medicine. For many years there has been a class of "Healers" who styled themselves "Hydropathists," and while there is much virtue in some forms of "Water cure" their zeal to include the whole category of diseases as being amenable to their treatment has resulted in circumscribing their sphere of action. Of recent years there has been a disposition on the part of the progressive practitioner to use water therapeutically and with, so far as my observation goes, much success, as an adjunct in the treatment of a certain class of cases. Under the nomenclature of "Hydrotherapy,"

let us hope that there will be no abuse of the new method, but that time and experience may broaden the fields of its usefulness, and add new devotees to modern "Hydrotherapy."

Perhaps the most wonderful and far reaching in its effects, is the also modern method of treating disease by what is known as "Serum Therapy." Under this treatment, diphtheria has been shorn, in a large measure of its terror to the physician. For almost four years, reports have been received from physicians of the highest standing, their testimony unanimously favoring the continued use of antitoxin, for as a direct result of its use, thousands of precious lives have been saved. It is simply the imperative duty of every physician to use the serum early in every case of diphtheria. A committee of the Richmond Academy of Medicine and Surgery reports its conclusions in regard to this subject, concluding as follows. "Antitoxin is the most valuable remedy yet devised in the treatment of diphtheria. While there is much to be thankful for in the introduction of antitoxin and the success attending its use we have other serums that have proven to be very effective in the control of disease." Dr. W. L. Robinson presented a paper at the Southern Surgical and Gynecological Association, held in Memphis, Dec. 6, 7 and 8, 1898. Summarizing his experience in seven cases of puerperal septicemia four of post operative sepsis, three of septic cellulitis and two of erysipelas, all treated with antistreptococcic serum, From 12 to 20 centimeters (180 to 310 minims) of the serum was injected after the usual treatment had failed, with prompt improvement in the general condition—rapid fall of temperature—lowering of pulse rate, and complete recovery. In the three postoperative cases of sepsis, seemingly hopeless, all the usual treatment failing, the serum in twelve hours, transformed every symptom of high fever, chilliness, rapid weak

pulse, diarrhea, etc., into a hopeful condition resulting in complete recovery.

Time will not permit me to mention more of the serums but will pass on and mention briefly one of the latest fads in medicine known as "Haematherapy" which is being endorsed by many of the leading physicians throughout the United States. "Haematherapy" is said by its exponents to be the greatest therapeutic discovery of the age and of the ages in that where we cannot produce good blood, we can introduce it. They also claim that in the more enlightened progress of modern medicine, "Blood Letting" has given place to "Blood Getting." And how? Simply by the introduction and use of blood unaltered from the arteries of the bullock and should be classed as a valuable auxiliary to modern medicine and surgery. Every known system has its enthusiasts and I find that "Haematherapy" is no exception to the rule.

In passing I will barely touch on some of the methods now in vogue at the present time in healing disease, not for endorsement, but stating the facts as matter of history. I desire to call your attention to the rapid spread of what to my mind is one of the most dangerous "fads" that has ever been practiced in any community in the healing "so called" of diseases. I refer to "Christian Science." For many years in Pomona there were small bands of illiterate people who would meet once a week for mutual aid, etc., but today the organization numbers about seventy-five people. Among that number are some of the leading people of Pomona, including the president of one of the largest banks in the city.

I could not close this paper without a brief mention of the enlarged field of usefulness of the "hypodermic syringe." In fact this little instrument is the most valuable of all the modern physician's armamentarium. While there are a few physicians who decry the use

of the hypodermatic treatment, the consensus of opinion favors the use in many cases under proper aseptic conditions, of this form of medication.

Among the many remedies used in the past, and for many years relied upon by a majority of the older physicians was the plain old calomel. When I began the practice of medicine I was ever tempted to use this drug. I would find myself humming the old saw that began thus:

"A or B has taken sick,

Oh, send for the Doctor and be quick.

The Doctor comes with right good will,
But n'er forgets his calomel."

That with the fact that almost every family in the community had at least one person who claimed to be a victim of the "Calomel Doctor," overdosing with calomel excited in my mind a strong feeling against the use of the drug. But in recent years much of the old time prejudice has been removed and this once abused drug has been restored to its former place in modern applied therapeutics. In fact in many diseases of the alimentary tract, calomel either alone or in combination is an invaluable aid in the restoration of the parts to a normal condition.

I find my paper altogether too lengthy for this occasion but I feel that there are other methods which must be men-

tioned briefly at least, and without entering into the merits or demerits of hypnotism, but simply calling your attention at this time to a method which may play an important part as a therapeutic measure in the near future.

Hypnotism is a word coined by Dr. Braid, an eminent English surgeon, and was intended to embrace mesmerism, animal magnetism, etc. It has been the subject of scientific inquiry in the western world for about thirty years during which period much has been learned in regard to its detail and much new light thrown upon the matter by the development of neurology and psycho-physiology.

The practice of hypnotism dates back according to a distinguished Swedish physician over 4000 years. Chinese physicians gave attention to the subject as early as the time of Confucius. So far as can be learned from ancient books and legends, some knowledge upon the subject existed before Buddhism in the Indian world.

In the suggestive therapeutics of hypnotism, great claims are made for its use in breaking up the opium habit and also dipsomania. Friends of the methods claiming that the inebriate is easily hypnotized and cures have been effected in less than one week.

A REVIEW OF MRS. EDDY'S BOOK ON SCIENCE AND HEALTH.

BY P. J. PARKER, M. D., SAN DIEGO, CAL.

From a careful reading of Mrs. Eddy's book "Science and Health" I copy the following extracts which seems to represent her idea of herself. She says, on first page: "In 1866 I discovered the science of metaphysical healing and named it Christian Science. God had been graciously fitting me during many years, for the reception of a final revelation of the absolute principle of scientific-mind healing."

3d page. "The revelation of Truth in the understanding came to me gradually and apparently through divine power. When a new spiritual idea is born on earth the prophetic scriptures of Isaiah is renewedly fulfilled, Unto us a child is born . . . and his name shall be called Wonderful."

On page forty-one she says: "Our Master healed the sick, practiced Christian healing, and taught the generalities

of its divine principle to his students, but he left no definite rule for demonstrating his principle of healing and preventing disease. This remained to be discovered through Christian Science."

She seems to reach this exalted position by degrees explained on page nine; she says:

"First degree is one of depravity, named Mortal Mind—physical; passions and appetites, fear, depraved will, pride, envy, deceit, hatred, revenge, sin, disease and death."

"Second degree. Evil disappearing. Moral; honesty, affection, compassion, hope, faith, meekness, temperance."

"Third degree. Spiritual; faith, wisdom, power, purity, understanding, health, love."

In this third degree Mortal Mind disappears. She is now resting securely where she is incapable of sin and has the full power to cure all the ills that flesh is heir to, simply by a vigorous denial of all disease and elevating her disciples up to the high plane on which she has arrived by her own efforts and the assistance of God.

She enumerates "cancer, consumption, scrofula, dropsy, tumors, ulceration and inflammation" as being easily cured by her mental efforts; also, that trying time for woman where holy writ speaks of as a woman in travail to represent a condition of extreme suffering, is made easy, her mental aid taking them through without pain. She also preaches many good sermons; her advice to people to live honest lives, to love their neighbors, deny evil, always be cheerful and happy, never complain, but always be on the alert to help the needy, administer to the sick, and preach love and good will to man, must be helpful to some people, and if she had only stopped at this and not written any more, I might have thought she was honest in the belief that she could do all these impossible things; but unfortunately, after being the recipient of Divine help for many years, after the Lord had fitted her

to receive the new light of Christian Science healing by inspiration and to explain the method of healing disease which our good Lord had neglected to do while on earth, she acts like an ordinary human being. I think that her elevation up to the third degree might well be illustrated by the supposition, that she placed a rope under her feet and caught up each end with her hands and began the lifting process, thinking that the Lord was also helping her to rise up into etherial regions, where she would not be subject to the ordinary temptations of Mortal Man. My reasons for doubting that Mrs. Eddy felt sure of the help of the Lord, or her ability to cure by mental process the many diseases she claimed to cure, is that she was not satisfied to rest her case where the Lord had placed her in control of all disease, for if she could have done one-half of what she claimed to be able to do, no argument to support her position would have been necessary; but she at once begins to cut and slash at everybody and everything that made any claim to be able to relieve disease by any other method than her own. In the preface of her book she says: "Sickness has been fought for centuries by doctors using material remedies, but the question arises, is there less sickness because of these practitioners?" And answers with a vigorous No! I have heard common street venders of some cure-all nostrum make this same accusation and answer it and comment on it in a similar manner, except for a few changes in the wording.

Every new fad or cult which starts up to cure disease, begins by denouncing physicians. They do this in order to attract attention to themselves and add to their importance, and it is a lamentable fact that the tirades of these people really deceive and prejudice the minds of some good people against the men and women who spend their hard-earned money, and labor for years at colleges and hospitals to learn all they can, not only of mental

troubles, but diseases of the body as well. In many places all through her book she will place physicians in all sorts of false positions and proceed to hammer them just as the ordinary quack will do, not content with her unusual powers, she also brings in a number of testimonials to boost her up in the confidence of the public, a method in common use with the ordinary advertising pretender.

Mrs. Eddy says some very good things and gives some excellent advice on marriage and to married people, but her erratic ideas place her in some very awkward positions. She speaks of a Christian Science mother who had a little boy play in the house, and the little fellow wounded his hand "quite badly" as she says, but he had been taught the principles of Christian Science and declared he was not hurt and went on to play; the wound healed up very quickly without inflammation. Now suppose we carry Mrs. Eddy's case a little further. I knew a Christian Science mother a few years ago, who had a little boy at play in her yard. The boy had heard his mother reading Mrs. Eddy's book where it said there was no such thing as pain, no force in matter, etc., and he believed it; he did not think he could be hurt. In an old shed in the back yard he found some giant caps used in blasting to explode dynamite. He held one in his little fingers, struck a match and applied it to the cap; it exploded with terrific force, tore his fingers into shreds, some of them were hanging by only a little strip of skin, split his hand and burned his face and chest; his suffering was indescribable and his mother seemed to suffer almost as much as the child. She begged the surgeon to place the little fellow under cholorform to relieve the pain. What mother would not do the same? After the surgeon had trimmed off the lacerated tissue, he could not save, stopped the bleeding and closed up all wounds, applied suitable dressing and placed the little fellow in bed, he came from under the cholorform; but did not suffer much

then, why? The mother of the boy as she wiped the tears from her eyes said, "This will forever cure me of Christian Science." "No pain in nerve, and no nerve in pain." "How did I ever believe such an unreasonable statement."

Mrs. Eddy makes a dive at those who treat disease by massage, or movements of the body, does not believe in exercise for health and condemns all other mind healing enterprises. To cap the climax she demolishes all our fancy about climates, strikes a blow at our own State of California, this glorious State of the golden west. Southern California people have had a notion that our sunshine and even temperature was something possessing real value for the promotion of health. Mrs. Eddy says that "heat and cold are products of the mind."

I met a very intelligent lady on the street last week who spoke of Mrs. Eddy's book as being one of advanced thought, this being so different from what I thought of it, I decided to read it.

Mrs. Eddy deprecates the study of anatomy, physiology, pathology and hygiene. This seems rather startling. Let us see if she is consistent in this. On page 66 she says, "Is civilization only a higher form of idolatry, that man should bow down to a flesh brush, to flannels, to baths, diet, exercise and air?" On page 380 she says, "Bathing and rubbing to alter the secretions or remove unhealthy exhalations from the cuticle, receive a useful rebuke from Christian healing."

Again on page 411 she says, "The daily ablutions of an infant are no more natural or necessary than would be the process of taking the a fish out of water every day and covering it with dirt." I wonder if Mrs. Eddy ever had a full blast of the odorous emanations arising from an unwashed baby strike her olfactories full amidship? The above expressions are certainly in conformity with Mrs. Eddy's advanced ideas on hygiene. Her definition of "Electricity" is certainly original

and new—must be advanced thought. She defines electricity on page 189 as follows: "Electricity is some of the nonsense of error which ever counterfeits the true essence of eternal truth; the great difference being that the former is unreal and the latter is real."

In a foot note of the author's book she says: "The author takes no patients and declines medical consultation," but she says on page 443: "Reading the author's book makes many cures." Also on page 453 she says: "A Christian Scientist requires my book on Science and Health." This evidently points to the location of the milk in the cocoanut. A few weeks or months study of Mrs. Eddy's method and the investment of a few dollars worth of Christian literature is a much shorter and easier road to travel to arrive at good fees than the long years of study at college and the expenditure of from three to four thousand dollars in cash.

In a recent review of Christian Science by Mark Twain, he says, "That all other mind sects, except Christian Scientists, have lucid intervals, intervals in which they are willing to acknowledge that they are a little less than the deity" etc. I can point to the time when they will have a lucid interval, that will be when the scattering of their literature everywhere, making extravagant promises of cure to the sick will cease to bring returns in material dollars. Mark Twain makes one mistake when he says that the cures of Christian Scientists are caused by the mental effect of the patient alone. The large majority of cures,

whether treated by physicians or any one else, are caused by nature's forces. Many diseases tend to recovery whether treated or not. When a bone is broken a surgeon can replace the fragments and retain them in place, but nature must fill in with osseous matter and reestablish the circulation. No power on earth known to man can do this. All physicians recognize the fact that the influence of mind is a strong factor in the cure of many cases of illness and use it for all it is worth. All modern physicians pick and cull from the vast accumulation of knowledge from all sources, take the best of it, and use for the benefit of their patients. I think humanity should demand that all persons who offer their services as a business to treat disease, should be required to take a full college training and after this, if they should choose to practice any peculiar fad no objection would be offered by any one. I believe I have a liberal feeling to every one, and I would severely condemn any law that would prohibit anyone from making use of any means for the relief of human suffering, whether it should be medicine, surgery, magnetism, mind healing, or what not; but there should be some educational standard. We do not employ teachers in our public schools without compelling them to furnish evidence of qualification. Public safety demands that a pilot on a steamship shall know something of such business before he is entrusted with a ship, and it is the case in most every calling except the care of our health and the treatment of the sick.

SELECTED.

DEPARTMENT OF MEDICINE

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, AND J. LEE HAGADORN, M.D.

VALUE OF FORMALDEHYD IN THE DISINFECTION OF BUILDINGS, ROOMS AND CARS.—J. E. Owens, Chicago, reports bacteriologic investigations made in connection with formaldehyd disinfection, and found that an ounce of the 40 per cent. German solution of formaldehyd to 250 cu. ft. was quite sufficient for the thorough disinfection of rooms, cars, etc. The solution was sprayed upon sheets suspended in the room; for instance, 2 ounces in a room of 500 cu. ft., 7 ounces in a room of 1,440 cu. ft., and the room was closed tightly for five hours. It was found that colonies of anthrax, typhoid, and diphtheria germs failed to develop on culture media inoculated previous to exposing them in these rooms. Control investigations were made at the same time on non-exposed media, and in each case colonies of virulent germs developed. The author recommends this method for the disinfection of cars especially. The use of lamps is not necessary.

HEREDITY A CONTRAST.—In the *Revue Scientifique* for April last, Dr. Cesare Lombroso, in an able discussion of the relative influence of heredity and environment, announced the conclusion that "the influence of environment is potent enough to annihilate all ethnic traits." At the meeting of the German Anthropological Society, in August 1898, Professor Kollmann, of Basle, in an address on the same subject, stated the dictum of science to be that "the influence of heredity is stronger than that of environment. The ethnic traits are im-

mortal, and persist, though the people who bear them may disappear from history," (*Globus*, August 27, 1898.)

PULMONARY CONSUMPTION.—Dr. Mendel has instituted a new kind of treatment for consumption and which has given him considerable satisfaction. By means of a long, curved syringe of the capacity of a drachm he injects through the mouth into the trachea about three drachms of the following solution:

Essence of eucalyptus.....	oz. j.
Essence of thyme.....	oz. j.
Essence of cinnamon.....	oz. j.
Iodoform.....	grs. xx
Bromoform.....	drops x.
Sterilized olive oil.....	drs. iijss.

The tracheal injection is practiced out in Honolulu, and many cases exist daily. The patient who feels the solution trickling into his lungs experiences an agreeable sensation of warmth and does not cough. In his early experiments Dr. Mendel operated with a mirror, but now he is able to dispense with that aid. The patient holds his tongue himself outside his mouth between thumb and finger by means of a napkin. The treatment is simple and inoffensive, and the effects varied with the stage of the disease. In patients in the first stage he has succeeded, after two or three weeks' treatment, in relieving the cough and expectoration, and even stopping them altogether; strength, sleep, and appetite had also returned. In the two remaining stages of the malady the results were not so satisfactory, but still considerable benefit was obtained, expectoration easier and less abundant, strength and appetite improved.

In explaining the action of the treat-

ment Dr. Mendel says that the medicated oil injected into the orifice of the trachea descends slowly, bathing the walls. It thus penetrates the bronchial tubes, creating a large surface of evaporation at the point where the bronchial tubes branch out. Before the oil is absorbed the air entering the lungs is saturated with volatile odors that destroy the bacteria.

In certain cases where the tracheal injections could not be performed daily, he has substituted a medicated enema composed of a glass of milk with the yolk of egg and from ten drops to two teaspoonfuls of the solution mentioned above. Excellent results have been obtained from this treatment.—Cincinnati Lancet-Clinic.

SUN BATHS IN THE TREATMENT OF TUBERCULOUS JOINTS.—Millioz (These de Lyon, 1899; British Medical Journal, February 10th,) unlike Finsen, of Copenhagen, who used the ultraviolet rays of the spectrum in the treatment of lupus, has employed all the rays of sunlight to act on tuberculous joints. He disapproves of the systematic fixation of the limb in which the tuberculous lesion is situated. The patient is placed on a suitable couch in the sunniest part of a garden or other open place, with the affected joint fully exposed to the rays of sunshine. To protect the head of the patient, some sort of sunshade may be improvised. If the upper limb is the seat of the disease the patient may preferably be allowed to walk about in the garden. The duration of the sun bath should be several hours a day. During the intervals the joint is covered with wool, and rather firmly bandaged. Sometimes after the first or second bath the joint becomes more painful, but this soon passes away in most cases, but if it should continue it may be necessary to intermit the treatment for several days. Rapid pigmentation of the skin by the sun's rays has been noticed to coincide with comparatively quick recovery. The joints are said to become smaller,

the skin healthier-looking, the discharges, if such are present, less purulent, and the fistulae close. Such results, however, may require months of treatment.

HINTS FOR THE BATH.—Bathing after a nap is injurious.

A rough bathing towel is better for any kind of a bath than a smooth one.

For protecting the hair during a shower bath or in a large plunge a cap of waterproof silk is light and comfortable.

The rule is: Hot water for the tub bath, cold water for the shower bath, water of normal temperature for the plunge.

It is hardly necessary to remind the bather that weakened digestion is the result of bathing within an hour of a full meal.

If the temperature of the bath water is either above or below normal the face and edges of the hair should be thoroughly moistened with the water before the plunge is made.

One should never stay in a tub bath more than 10 minutes, nor in a shower bath over two. In a plunge bath one may safely stay 20 minutes, as the exercise prevents bad effects.

A return from a dusty trip or a ride in the wind should be followed by a hot rather than a cold bath. The escaping steam induces perspiration and the hot water washes out the fine dust.

If one is contemplating the necessity of exposure to sun or wind, a cold water bath is better than a warm one, as it toughens the skin and makes it firmer in its resistance to unfavorable conditions.

The strained juice of three lemons, if put in the bath water, will give one a delicious sense of cleanliness. The acid removes all stoppage of the pores caused by accumulation of saline substances.

The bather who has had recommended to her cold-water baths and cannot overcome her repugnance to them may be sure that this shrinking is the warning

of a delicate constitution that the treatment is too drastic.

By procuring two cents worth of coarse rock salt and allowing it a little time to dissolve the equivalent of a sea bath may be had. This is a healthful way of bathing, as salt invigorates the skin and quickens the action of the glands in the skin.

The luxurious maid who is in the habit of putting toilet perfumes in the water of her bath will find a mixture of the same quantity of pure alcohol with a few drops of handkerchief perfume far more satisfactory, and, being less liable to adulteration, helpful, not harmful to the skin.—*American Journal of Health*.

CHRONIC DYSPEPSIA SUCCESSFULLY TREATED WITH H_2O_2 .—Dr. Geo A. Gilbert, of Danbury, Conn., reports (*New England "Medical Monthly,"* December, 1899) the case of a farm laborer who had long suffered from repeated attacks of acute gastritis, attended with retchings of the most violent character, who was effectively treated by the use of ozonized water and glycozone. The patient was furnished with a flask of ozonized water, made of one part of hydrozone to four parts of water, with which he was directed to wash out his mouth every night and morning, to thoroughly cleanse

the tongue, teeth and gums of the unhealthy mucus and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucus there a mixture of one ounce of hydrozone with two quarts of sterilized water was made and half a tumblerful directed to be taken half an hour before meals. Having thus produced a clean surface in the stomach, the patient was advised to take immediately after meals a drachm of glycozone, diluted in a wine-glassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course he was ordered to select his food with care and eat regularly.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared and at the end of a fortnight the patient reported that for the first time in six years he was enabled to eat his meals without dread of subsequent distress and eructations of gas. The treatment was continued in this manner for another month and then gradually abandoned. A month subsequently he came to the office, expressed his eternal gratefulness, said that he weighed 185 pounds and believed himself to be completely cured.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND ROSE TALBOTT BULLARD, M.D.

EXSECTION OF THE PUERPERAL SEPTIC UTERUS.—Prochownick (Monats. f. Geburts, u. Gynak, June 1899) in the course of an article upon this operation lays especial stress upon the following passages:

The uterus may be extirpated for puerperal sepsis only when it is the sole seat of the disease, and

when no other resources remain, and death is surely impending from the condition of the uterus.

After a case of abortion at labor, it is indispensable to have an exact undisturbed study of each individual, in connection with one careful, physical examination. Any interference during the first two days which would tend to in-

interrupt this necessary period of observation is to be earnestly avoided.

During the past few years I have sought, by means of regular systematic blood-culture (in preference to the cultures from the uterine discharge,) to attain a simple and certain method for the early diagnosis of sepsis, and with it an ever-increasing degree of success.

In all cases with positive results I have found streptococci, and in every case in which this germ was found the patient died. With negative results all the patients survived but two (who had purulent peritonitis) despite the clinical severity of the cases. Marmorek's serum has proved a failure, despite a fair and systematic trial, kept up for twenty-four hours.

A negative blood culture, with severe clinical symptoms, indicates that, while typical pyemia is absent, the prognosis cannot be called favorable, and that local operative interference is useless, and probably eventually hurtful. If blood-cultures remain negative, a radical operation should not be undertaken until after the uterus has been examined thoroughly, washed out, and cauterized with 50 per cent. alcohol.

In resumé, the election of the operation of extirpation is not dependent upon cultures made from vagina and uterus, but upon calm, undisturbed clinical study of each case, combined with blood-cultures.

CAN ERGOT CAUSE RUPTURE OF THE UTERUS?—Bong (Monats. f. Geburts, a. Gynäk. June 1899, p. 900) in a meeting of the Cologne Obstetrical and Gynecological Society (Feb. 10, 1899), discusses a case of uterine rupture in a II-para, to whom a midwife had administered four grams of ergot within a short time. The pains became much stronger for a while, and then suddenly ceased with slight hemorrhage into the vagina. Bong was summoned, and found the fetal head in the pelvic inlet, and os dilated as large as a silver dollar. No

fetal heart sounds. He made a diagnosis of atony, and used expectant measures. On the next afternoon the patient collapsed. Examination revealed a right-sided uterine tear. Delivery accomplished by turning, and manual extraction. Autopsy showed much blood in the peritoneal cavity. Bong was of the opinion that the ergot had produced a tetanus uteri, and that the locality of least resistance has ruptured. The head was in the second vertex position, and the tear occurred in the right side of the lower segment. Ergot is doubtless at the bottom of many a case of "spontaneous rupture" of the uterus at the hands of midwives.

In discussion Frank related a parallel case, and agreed with Bong in attributing the blame to ergot.

SUBCUTANEOUS SALINE INJECTIONS IN HEMORRHAGE AND ECLAMPSIA.—By Robert Jardine, M.D. (Glasgow Med. Jour., March, p. 169).—Injections of large quantities of saline solution into the cellular tissues have proved beneficial in obstetrical emergencies. The two conditions in which the writer has used this method are collapse from hemorrhage and shock and eclampsia. In the former the aim is to increase the amount of fluid in the circulation, which is soon made manifest. The pulse becomes stronger, and the collapse passes off. In cases of very severe hemorrhage life may be saved, and in those cases in which recovery would have occurred without it, convalescence is much assisted. In the eclampsia the aim is to flush the kidneys, and thus rid the system of the poison. The diuretic action has been very marked in all the cases which have recovered, or lived long enough to give it time to act.

The apparatus required is very simple—a medium-sized trocar and canula, six feet of small tubing, a glass filler, and a small piece of adhesive plaster. An ordinary trocar and canula will do, but one from an aspirator does much better

This apparatus can be thoroughly sterilized by boiling. The solution in cases of hemorrhage is made by adding a teaspoonful of common salt to a pint of boiled water. For eclampsia the same amount of equal parts of bicarbonate of potash and common salt is used. The temperature should be 100 deg.

The writer injects into the axillae or under the breasts, but any part of the body where the tissues are lax is suitable. Aseptic precautions should be taken. A large tense swelling forms. If it is in the axillae there will be pain and numbness in the arm from pressure on the nerves, but this soon passes off. A pint will be absorbed in from 10 to 15 minutes.

In a number of cases the writer has transfused directly into a vein, but he is not satisfied that the results were as good. The subcutaneous method is much easier and there no risk of introducing air into the circulation. Opening a vein and introducing a canula is not always an easy matter, and may take several minutes, while in the subcutaneous method a few seconds is all that is required before the fluid is being absorbed. The absorption takes place

through the lymphatic system, and by the time the fluid reaches the circulation it will be in a better condition to mix with the blood than when thrown directly into the vessel.

THE DANGERS OF THE CURETTE IN ABORTION.—Dührssen (Berl. Med. Soc., May, 1898).—A woman had been curetted on two occasions to remove the remains of an incomplete abortion. At the second operation, performed by Dührssen himself, on failing to remove all the placental tissue with the curette, he plugged the uterine cavity, and after forty-eight hours introduced the finger, and removed the remaining portions, but at the same time discovered a deficiency in the uterine wall. Severe hemorrhage followed this operation, and led him to extirpate the uterus. On microscopical examination, the material removed by the curette proved the presence of muscular tissue. Dührssen concludes that the placenta in this case must have been abnormally adherent, and the uterine wall abnormally soft, and that the finger is a better instrument than the curette in imperfect abortion, as is proved by this case.—Edinburgh Med. Jour.

DEPARTMENT OF PROCTOLOGY.

UNDER THE DIRECTION OF WELLINGTON BURKE, M.D., LOS ANGELES, CAL.

ECZEMA OR PRURITUS OF THE RECTUM.—Geo. J. Monroe, M. D., Louisville, Ky., (Practical Medicine, May, 1899).—For all time this disease has been dreaded by the medical profession on account of the difficulty in curing it. All kinds of medicines have been given and all sorts of applications have been made, with but little effect. I have always maintained that it was a constitutional disease with a local manifestation. I have about come to the conclusion that I have been mistaken, so far as a constitutional disease is concerned. I am still of the opinion that we have

an excess of uric acid in the urine when we have rectal or anal pruritus. The last seven cases which I have treated surprise me. Of course, many times and oft, I have run the gauntlet of remedies recommended for this disease; temporary relief is generally obtained, but no permanent cure.

Somehow or other, the idea possessed me of late that it is entirely a local disease produced locally by some nervous irritation. I am now satisfied that is the fact, and that the pruritus produces, by some means which I do not understand, the excess of uric acid, and that

the uric acid does not produce the pruritus. The treatment which I have used in the last seven cases has, I believe, cured every one of them.

When we have a chronic case of pruritus we find, so far as the disease extends about the anus, a white, hard leathery condition of the parts. I take a glass tube and dip it in strong nitric acid and spread the acid over a surface about as large as a silver dime. I then apply borated vaseline. In about a week I apply the acid to another surface of about the same size. This I continue once a week until I have passed over the entire pruritic surface. Sometimes I find patches to which I have to reapply the nitric acid. Every case in which I have used this treatment to a sufficient extent has been cured. I aim to keep the bowels active by the use of calomel; that is, calomel in divided doses combined with sulph. quinine once a week for four weeks. I do actually believe this method of treatment will cure any case of rectal pruritus or eczema.

Of course, after each application of the acid the patient for a day or two will suffer considerable pain. Yet every patient has told me the pain suffered was a placebo in comparison with the intense itching which had caused so much suffering. I have not failed in a single instance in which I have used this method of treatment. Is it possible that the medical profession has been making a mistake in regard to rectal pruritus, claiming it to be a constitutional disease with simply a local manifestation?

The writer in closing calls attention to the use of the cautery, and also to dissecting out the diseased surface. (The application of the cautery at a white heat is of undoubted benefit in many stubborn cases.—W. B.)

A LINIMENT FOR HEMORRHOIDS.

—The Gazette Hebdomadaire de Médecine et de Chirurgie credits the following formula to Alder:

TAKE—

Fluid extract of hamamelis, 16 parts.
Fluid extract of hydrastis, 16 parts.
Compound tinct. of benzoin, 16 parts.
Tinct. of belladonna, 4 parts.
Five per cent. solution of carbolic acid in olive oil, 32 parts.

M. To be applied two or three times a day.

AN OINTMENT FOR HEMORRHOIDS

TAKE—

Cocain Hydroch..... 15 grains.
Ergotin..... 60 grains.
Ichthyol..... 65 grains.
Calomel..... 45 grains.
Vaseline..... 225 grains.
Lanoline..... 225 grains.

M. Sig. A portion as large as a small nut to be inserted into the rectum after each evacuation.

(Either of these formalæ will be found useful as a palliative measure in those cases refusing operation—which, however, is the only correct thing in all cases.—W. B.)

CONSTIPATION IN INFANTS.—H.

N. McClanahan, in the "Journal of the American Medical Association" of October 14, 1899, contributes a paper on the treatment of this condition in infants under six months. His study is based upon twelve cases. In every case of constipation in infants the cause must be earnestly sought for, which is usually different in infants from what it is in children and adults. In his cases no signs of rickets were found. He divides these cases into two general groups—those in which the symptom is caused by quantity, quality and method of feeding, and those which are due to anatomical conditions of the colon.

In the first class the question of diet is of the utmost importance, though no arbitrary rule can be given. Each case has its peculiarities, which must be studied, but as a general rule the percentage of fat should be increased and that of casein reduced. When the stools are light-colored and dry, the casein is to be decreased, and in some cases milk should be peptonized. Correction of the diet alone will not always cure, and drug treatment becomes necessary. His choice is resin of podophyllin given in

alcohol in doses of from 1-40 to 1-24 of a grain. If the discharges contain mucus, phosphate of sodium is given in the form of a saturated solution, and a little orange juice added to make it more palatable. Muscular debility, with tympanites, indicates strychnine and nitric acid. In these cases massage of the abdomen and of the entire body is beneficial.

In the second class neither diet nor medicine is of much benefit. Cathartics are not only harmful, but dangerous. Digital examination of the rectum is useful as an aid to diagnosis, and also as a method of treatment. By this means the entire pelvis can be explored and the sigmoid flexure reached. This stimulates peristaltic action of the bowels, and it is sometimes possible by gentle ma-

nipulations to straighten the folds of the lower portion of the colon. In three of the twelve cases he succeeded in getting a free movement of the bowels by this means. In this group of cases he has found injections given in the usual way to be of little benefit, as they do not distend the bowel. When injections are given he employs a lisle-thread catheter passed through a cork. The latter is placed against the sphincter muscle, and as the fluid begins to flow the catheter is gently passed into the bowel. In this way the hydrostatic pressure inflates the bowel. Great care is requisite in the management of these patients, which must often extend over several months. One of his patients was under treatment over ten months before a natural movement of the bowels occurred.

DEPARTMENT OF PEDIATRICS.

BY E. B. SWEET, M.D., LOS ANGELES, CAL.

SOME CONCLUSIONS ON RECTAL FEEDING.—Dr. L. Edsall, M. D., University Med. Mag.—It may be stated at the outset that rectal feeding if there is a possibility of feeding by mouth is a poor substitute.

It is necessary, however, to recognize that in any case exclusive rectal feeding only substitutes imperfect nourishment where otherwise entire starvation would result, and it is important that one should not feel content so long as the bowel tolerates enemata to believe that everything necessary is being done.

If the necessity for rectal feeding is only temporary, as after gastric hemorrhage, partial starvation is the better of two evils.

In complete oesophageal stricture coming on slowly, rectal alimentation is the only satisfactory make-shift.

It is contended that patients gain enough under rectal alimentation and this is used as proof that they are completely nourished.

It is probable that most persons need-

ing rectal feeding absorb less than healthy subjects do from the bowel. Hence the amount of food received by tissues is in most cases less.

Therefore, a gain in weight and some general improvement is not a sign of increased assimilation. It may be explained by the fact—all enemata contain a large amount of water, this being absorbed adds volume to blood and increase in weight.

This fact applies particularly in complete oesophageal stricture. Gain in weight and general improvement are illusionary signs of patients' condition and are not to be depended upon.

It must be held in mind that rectal feeding is not a method of complete nourishment for any patient, but only a means to tide over a temporarily reduced tissue loss, during which the stomach is being prepared for food or surgical means are to be used to remove mechanical difficulties interfering with ingestion of food by mouth.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

Professional Co-operation.

At the last regular meeting in March of the Los Angeles County Medical Association, Dr. Walter Lindley spoke on the subject of incorporation of physicians in semi-professional business matters. He said that the general idea had gotten abroad that physicians could not get on amicably with each other and that he believed it was true that in many cities there was a great deal of quarrelling amongst members of our profession. The cause of this was usually lack of intimate association and knowledge of each other.

Every physician means of course to gain a competence for his family. To do this requires more than simply saving a man's earnings. He must also in-

vest his savings so that they will grow. As a rule, physicians are not good business men. That is because they have not turned their attention to business.

Dr. Lindley stated that the California Hospital of Los Angeles was a good example of the successful co-operation of members of the profession in semi-professional business. The California Hospital Association was incorporated by twenty physicians and now has a capital stock of \$100,000. They own the California Hospital, a building of one hundred rooms and the extensive grounds surrounding it. The advantages of this co-operation are that the profession of Los Angeles have a hospital that is run to suit them on the most modern, progressive lines, while at the same time

they have an excellent place for investing their surplus funds, and this investment has steadily paid a good, substantial interest. It has also led to the constant association of the profession in this hospital work and has brought about a far better feeling than ever existed before in the profession of this city, and there has never been a particle of friction or dissatisfaction. An average of twenty-five physicians daily see patients in this hospital and, as said before, everything has moved on with perfect amity.

Another corporation of physicians is just being organized to establish a health resort in the pine forests of the mountains a hundred miles from Los Angeles. This company is organizing with \$250,000 capital. It has already bought a tract of land one and one-half miles long and one-half mile wide with running streams and springs and forests of the pine and oak. Within a year they will establish on this tract, one mile apart, two institutions. One will be a central pavilion for dining-room, kitchen and places of entertainment, surrounded by cottages, each containing three rooms and a bath. This establishment will be for tubercular patients. One mile away there will be a building erected more in the style of a general sanitarium which will be a general resort for persons who desire to go to the mountains for rest and pleasure.

The altitude of this California mountain resort is 5,120 feet. Thirty physicians are furnishing the capital for this great institution and they propose to have a place here in the pine forests of California that members of the profession, both East and West, can send their

patients to with confidence. Thus by co-operation the physicians of Southern California will confer a boon on all suffering humanity, will take from our midst into an ideal location the tubercular who come to this section, and will at the same time develop a profitable financial investment. L.

The Capitol Milling Co.

There is probably nothing more important for our patients than the quality of the flour that is used in their bread. It gives us particular pleasure to call attention to the advertisement of the Capitol Milling Company in this issue of our journal. Their products of flour and cereals are of the highest standard of merit. The cereals which they manufacture are both palatable and extremely nourishing.

It would be well worth the while of the profession of Southern California to pay some special attention to these articles of home manufacture. The following from the American Journal of Health of New York, which is one of the chief American authorities on matters of sanitation and hygiene, makes interesting reading.

"Samples of the Capitol Milling Company's flour were submitted to Prof. Norbert Fraenkel, a prominent analytical chemist of New York City, with the following result:

Prof. Fraenkel's Report.

"I find this flour to be especially rich in gluten—the strength-making, health-producing element—and proportionately poor in starch, which is an objectionable feature in any flour, when in excess, as it is exceedingly hard of digestion. It bears a large percentage of

phosphates, thus rendering it admirably adapted to the use of families in which there are growing children. Taken altogether, the flour bearing the brand of the Capitol Milling Company is a product concerning which too much in the way of praise cannot be bestowed."

"From the standpoint of the physician, the scientist or the hygienist, there could not be asked a better flour, and a more meritorious brand is not obtainable in any market. The housekeeper who insists upon having this brand will find that she has not only done her full duty as regards securing the best of food supplies for the household, but that she has secured a flour which will, in every case, give the most satisfactory results in bread and pastry making. We consider it so superior in all the features which go to make up a high-grade flour that we have no hesitation whatever in endorsing the flour made by the Capitol Milling Company, and in strongly recommending the use of the same in the editorial columns of the American Journal of Health."

Medical Society of the State of California.

Editor Southern California Practitioner.

My Dear Sir: I inclose herewith a list of the papers offered for the coming meeting of the Medical Society of the State of California, on the 17th, 18th and 19th of April, to be held in the Young Men's Christian Association Building in San Francisco. That building is centrally located and in addition the library of the County Medical Society is there and will be open to the

members of the State Medical Society. There will be a small exhibition of selected matter. The programme promises to be interesting and ample. Invitations are to be sent to the members of the State medical societies in Arizona, Idaho, Nevada, Oregon and Washington to attend and participate. The railroad company offers the usual one and one-third fares for the round trip from California points. The County Medical Society has arranged to entertain the visiting members and guests in some appropriate way. If possible a trip will be made to Angel Island to inspect the quarantine station.

Very truly yours,

HARRY M. SHERMAN.

Chairman.

Programme of papers to be presented at the meeting follows:

The Pathology and Treatment of Infectious Diseases of the Cornea. Wm. Ellery Briggs.

Some High Degrees of Astigmatism. W. S. Fowler.

Shock: Physical and Psychical. E. H. Woolsey.

A Few Notes on Appendicitis. J. Henry Barbat.

The Ophthalmoscope: Its Value in Brain Surgery. Kaspar Pischel.

Injuries of Elbow. W. F. Jones.

Examination of Blood as an Aid in Surgical Diagnosis. W. S. Terry.

Some Surgical Methods for Treatment of Gall Stone. Beverly MacMonagle.

Aboriginal Trephining, with Cases and Specimens. Philip Mills Jones.

The Operative Technique of Appendicitis. Thomas Ross.

Report of a Case of Malignant Syphilis Treated by Zittmann's Decoction,

with Stereopticon Views of the Lesions.
Granville MacGowan.

The Present State of the Galvano-Caustic Operation of Bottini for Ischuria. Granville MacGowan.

The Disagreeable Effects of Iodid of Potassium. D. W. Montgomery.

Prostatic Calculi. John C. Spencer.

Is Gonorrhoea a Curable Disease?. M. Krotoszyner.

The Operative Treatment of Retro-displacement of the Uterus. George B. Somers.

The Value of Microscope Examination of Uterine Curettings. Harold Brunn.

On Operative Measures for Retro-displacements of the Uterus. W. H. Maxson.

A Gynecological Case. Z. T. Malaby.

Gynecological Electro-Therapy. George Adam.

A Few Practical Points in the Management of Labor. W. J. G. Dawson.

Report from the Alexander Maternity Cottage, Children's Hospital, from the Services of C. A. von Hoffman and Adelaide Brown. Adelaide Brown.

Early Diagnosis of Carcinoma of the Stomach. Frank Rattan.

The Inhibition of the Heart as an Aid in Cardiac Diagnosis. Albert Abrams.

Typhus Fever. D. E. Osborne.

The Treatment of Broncho-Pneumonia. Wm. Fitch Cheney.

The Demonstration of Tubercle Bacilli in the Urine. Maurice W. Brown.

The Pathological Conditions of the Oral Cavity and their Importance in Diseases of the General System. A. C. Hart.

Pathological Conditions in Typhoid; with Specimen. W. W. Cross.

The Present Pandemic of Bubonic Plague. H. A. L. Ryfkogel.

Nose and Mouth Mask for Surgeons. Henry Lewis Wagner.

Bronchoscopy. Henry Lewis Wagner.

A case of Cerebro Spinal Fluid Escaping Spontaneously Through the Nose. John W. Philip, Philip King Brown.

Diarrhoeal Diseases Amongst the Children of California. R. F. Rooney.

A Medley in Pediatrics. B. C. Bellamy.

The Bubonic Plague.

There exist at the present time forty or more centers of bubonic plague in or closely connected with the United States; San Francisco being one. It behooves the Board of Health of that city to be more than usually vigilant, to prevent its spreading to other cities. Eminent medical men predict that the disease will become epidemic in the United States in 1900 or early in 1901. In spite of great efforts to check it, it has broken out afresh in Honolulu, and many cases exist in the seaports of the United States.

It is a germ disease and depends for its life on the presence of filth. Rats carry the poison from house to house.

It has a period of incubation of from three to seven days, followed by chills, and a rapid rise of temperature to 104 or 106. The pulse varies but is usually small and thready. Delirium, and extreme debility appear, and usually carry off the patient. If death does not occur, the lymph glands enlarge (Buboes) all over the body. If suppuration occurs it is a more favorable termination than when the Buboes gradually fade—as their poison is liberated and circulates

in the blood when death invariably occurs. The death rate is from 60 to 95 per cent. of all attacked.

Treatment is futile. Haffkine's serum renders the individual immune.

Prevention is within the grasp of everyone; clean up and keep clean. If this disease gets a good foothold in cities with bad sewerage, impure water and dirty streets, the population will be decimated. The record in London is 70,000 deaths in one year, 1865. In the 17th century it carried off 100,000 victims in London alone. C. G. S.

The Ideal Bed.

The span of life is ordinarily said to include one third for work, one third for recreation and nourishment and one third for sleeping. This means in health. The sick spend a larger proportion of their time in bed, many being entirely bed-occupants. How vital then that the bed and mattress to every one in health and in sickness, should be sanitary and comfortable.

Those who predict that future generations will sleep on air may not be far from the truth after all. Since we take so eagerly to cushion tires and other air-inflated articles of daily use, it may not be amiss to adopt the air cushions and air mattresses for our beds.

From a sanitary point of view, the air mattress must be above suspicion, if the imprisoned air were free from microbes and other disagreeable creatures of the microscopic world. There would always be a feeling of insecurity if we were not certain about it.

The air mattress is a suitable bed for the sick room and hospital, as it may be disinfected daily by scrubbing it outside with soap, water and an antiseptic solution and the air renewed at short intervals. Preferably this exchange of old for new air should be made on the roof or out of doors for obvious reasons.

The fact that bed-sores do not develop so often when patients lie on air cushions, is another point in favor of the air mattress.

There is no doubt that some inventive mind will soon introduce a substitute for the heavy and costly Caoutchouc or rubber mattress. A suitable material will probably be found in some light water-proof, air-tight fabric, such as is used for hot-water bottles by the Japanese, lacquered or varnished silk paper.

These would be easily inflated by a bellows, and being light they would impose no extra weight to be carried. From a sanitary view they would be superior in every way to the present style of mattress—filled with hair, which being an animal substance is prone to rapid decay from the dust and germs it harbors. The paper mattress, would be cheap enough to burn up, if used for contagious diseases thus destroying the chance for spreading any disease germs.

C. G. S.

Medical Vulgarity.

The Philadelphia Medical Journal says: "We have no wish to exaggerate the facts either as to the importance or as to the amount of smut masquerading as wit in some of the lecture-rooms,

journals, and in the conversation of some physicians, but we think all bright and clean men will agree that there is altogether too much of it. We are confident that medical students are fully as free from the vice as any other class of young men, and in their behalf as well as on the score of professional decency such a purity should be guarded rather than broken down. But is there a practitioner that does not look back with shame and disgust to the nauseous 'story-telling' of some shameless 'professor' of his college days? A room full of young chaps will perhaps laugh and applaud—and then go away—at least the best of them—to loathe the teacher who thoughtlessly debases his office and corrupts his audience. We have known some of the highest officers of a great medical organization who, wherever they went, left behind the pollution of obscenity and nastiness. We have known a professor of the history of medicine who peppered his lectures with stories erotic and 'tommyrotic' that showed how pitiable was his reading of history, and his conception of duty. If wit happens occasionally and accidentally to be touched with this diabolism, men of the world will not wince, and may even laugh the more heartily, but he is an ass and a knave who from choice and habit delights in pornographic reek."

California Refuses to be a Dumping Ground.

Speaking about the State Medical Society meeting the "Medical Standard," April, 1900, says:

"The most important matter which will come before the society will be in ref-

erence to a law that will create a board of State Medical Examiners. All that is now necessary for those who fail to pass in the different Eastern States is to come to California, where, on presentation of any kind of a diploma, they are admitted to practice. It is to avoid making California the dumping ground for practitioners qualified in all the deficiencies of a medical education, that the passage of a suitable law will be attempted."

We would remind our esteemed contemporary that the picture drawn above is rather exaggerated. "Any kind of a diploma," will not admit the applicant to membership in the State Society, to which it is submitted. At the same time it is to be hoped that the State Society will take measures to adopt a high standard of necessary qualifications both in preliminary and technical education, before licensing, which will place California on a par with those pioneers in higher medical education, New York and Pennsylvania.

C. G. S.

Oliver Goldsmith.

Mr. Thomas' new play, "Oliver Goldsmith," which Stuart Robson will take to New York soon, is slender in plot, but rich in refined comedy and tender sentiment. The second act is said to be particularly well conceived. Oliver, Dr. Johnson Garrick, Mrs. Featherstone and Mary Horneck are admirably drawn characters, and the atmosphere of the period is generally sustained with a discriminating literary touch.

This will doubtless bring vividly before us the altruistic Irish physician and delightful English litterateur. Ah, Goldie, Goldie, you are the most lovable of all English authors. L.

Decision.

Once to every man and nation comes the
moment to decide,
In the strife of truth with falsehood,
for the good or evil side.
Then it is the brave man chooses, while
the coward stands aside,
Doubting in his abject spirit, till his
Lord is crucified.

—James Russell Lowell.

Local Anesthetics.

In the absence of other local anesthetics, any carbonated waters in syphons, spurted for a long time over the part, will produce enough insensibility to allow of the painless performance of rapid minor operations, such as the opening of abscesses, etc.—Int. J. Surg.

Eat a Little Asparagus.

Asparagus is a diuretic, an antilithic, aperient and deobstruent; it will wonderfully increase the amount of urine, and seems to have the power of removing vast quantities of mucus adherent to the bladder and urinary passages. In the spring, when the young roots are tender, there is no remedy in our materia medica that equals it as a cleaner of the kidneys and urinary tract.—Sanitary Era.

The University Medical Magazine.

The March issue of "The University Medical Magazine" was published under the auspices, and with the support of the University of Pennsylvania. Heretofore it has been in the hands of a stock company, over which the University had no control. It is announced that the Magazine will hereafter be the organ of

the Department of Medicine, and that it shall be creditable to that department.

Dr. Charles Frazier has been placed in editorial charge, and under his management the readers of the Magazine will be kept in touch with the work done in the clinic, laboratory and hospital, by the faculty and hospital staff. S.

We have received a neat brochure from James I. Fellows of New York, treating of those diseases of the respiratory organs for which Fellow's Syrup has been found beneficial.

Coast Medical Notes.

Michael Foster, of London, will deliver the next course of the Lane Medical Lectures at Cooper Medical College, San Francisco, in 1900.

The board of health of Seattle, Wash., is actively agitating the establishment of a city receiving hospital and the purchase of an ambulance.

Mr. P. D. Armour and other Chicago capitalists will erect a hospital at Pasadena, Cal.

The Supervisors and Board of Health at San Francisco, Cal., are still looking for a site on which to erect a new city and county hospital.

At a meeting held February 21st, the board of supervisors of Riverside county, Cal., closed the purchase of a site at Arlington on which to erect a new county hospital. Plans will at once be made for the building.

Dr. Frederick Sellick, of Los Angeles, Cal., is at work on a plan to establish a sanitarium for the care of church organists having consumption.

At the recent annual meeting of the Lying-in and Foundling Hospital, at San

Francisco, Cal., is was announced that Mr. J. W. Ellsworth, the superintendent, together with Mrs. Ellsworth, had presented the funds with which to erect a new building for the institution.

The rate for pay patients at the Las Vegas, N. M., Asylum has been increased from \$22.50 to \$30 per month. Dr. W. R. Tipton is superintendent.

Funds are being raised with which to erect a building for the proposed new Homeopathic Hospital at Portland Oregon. Dr. H. C. Jeffers has the matter in hand.

The State Board of Pharmacy meeting, April 10th, will be in San Francisco. No meeting of the Board is expected to be held in Los Angeles until October.

A Chinaman suffering from leprosy has been discovered and isolated by the Health Officer of Los Angeles.

At a meeting of the Oakland Board of Education a resolution to disbar consumptive teachers and pupils from the public schools, was introduced, but final action was deferred to the next regular meeting in April.

Phoenix, Arizona, has cause to rejoice in the opening of a new hospital, made possible by the efforts of the women of that city.

Pasadena Medical Society.

The Pasadena Medical Society, met April 13th. The date of meeting was fixed at the 2nd Tuesday of the month, for the future. Three new members were elected. Dr. Bolton presented an interesting clinical case. (Published next month.)

Dr. H. L. Miller of Chicago, gave an account of his personal observation of the Schott treatment of heart troubles

at Bad-Nauheim, Germany. The springs being owned by the government, any one can be treated there by their own physicians. The treatment continues for six weeks in the average case and should be repeated in a year. The results of the treatment have been gratifying.

The composition of the water being known, it can be duplicated anywhere and the treatment followed out.

J. E. JANES, Sec.,

Pasadena Medical Society.

(For essential features of Bad-Nauheim treatment, see Dr. Barlow's articles in "Practitioner" for October and November, 1899. Complete report will appear next month.) S.

Southern California Medical Society.

Twenty-fifth semi-annual meeting of the Southern California Medical Society, will meet in Riverside, Cal., on May 2nd and 3rd, 1900. A very interesting program is promised and it is hoped that the attendance will be large.

Personal Notes.

Dr. A. Barkan of San Francisco was a visitor in Los Angeles in March.

Dr. Chas. W. Bryson has been very ill with pneumonia, but is convalescent.

Dr. Wellington Burke has returned to business after a short illness.

Dr. J. A. McGuire a surgeon of Santa Cruz, is recuperating in Los Angeles.

Dr. W. B. Northrup a prominent San Diego practitioner was at the Nadeau recently.

W. C. Welch, M. D. representing Chas. H. Phillips' Chemical Company of New York, is in Los Angeles on business.

Mr. R. S. Hawley, representing the Arlington Chemical Company of Yonkers, N. Y., was a welcome caller at our office.

Dr. Redmond W. Payne a member of the California Eye and Ear Hospital of San Francisco, was a recent visitor in Los Angeles.

Dr. John T. Allen of Brownsville, Tenn., spent a few weeks in Los Angeles this winter. The doctor is in love with our climate.

Mr. Claire Young a medical student had his eyes badly burned by an explosion of gas in the chemical laboratory of the medical department University of Southern California. Dr. W. D. Babcock found it necessary to remove the left eye but hopes to preserve the sight in the right eye.

Mr. H. E. Fellows representing the Ozomoru Chemical Co., of Omaha, Nebraska, was a pleasant caller at the "Practitioner" office. Mr. Fellows was formerly business manager of the "Practitioner" but is now engaged in furthering the interests of Ozomoru and Ozotone, two pharmaceuticals of merit, whose composition is published on the label.

A Heroine of the Late War.

Los Angeles has been entertaining an angel unawares. Had the presence here of Miss Wheeler, daughter of the heroic Gen. Joe Wheeler, and herself a heroine

of the late war by means of her service as a nurse, been generally known, she would no doubt have been tendered a very hospitable reception.

We Note the Following Deaths.

WHISLER—March 31, at 510 San Julian st., city, Dr. Michael E. Whisler native of Virginia, aged 82 years, 10 months.

Gardena Physician Dead.

Dr. A. J. Bacon of Gardena, died at the family residence at that place last night at 10:10 o'clock, at the age of 63 years. Deceased leaves a widow and two daughters. He was well-known in the community and was a brother of the late Dr. John Bacon, who died in this city last spring.

Dr. Leffingwell Dead.

Dr. James Leffingwell, who for many years practiced medicine in Southern California, was found dead in bed this morning at his lodgings in the home of W. Rienmeier, at No. 1069 Twenty-fifth avenue, Oakland. He was nearly 70 years old and had been in feeble health for some time. So far as known to a certainty, the aged physician had no relatives in California, but it is thought that his divorced wife resides at Santa Barbara. He had lived at Oakland for several years.

Death of Dr. E. R. Axtell.

Dr. Axtell, of Denver, Colorado, died December 14th, as a result of general infection received from a post-mortem held two weeks earlier. He was an eminent physician and surgeon and the father of the Colorado Medical Journal.

BOOK REVIEWS

HEMMETER.—Diseases of the Stomach, their Special Pathology, Diagnosis and Treatment, with Sections on Anatomy, Physiology, Chemical and Microscopical Examination of Stomach Contents, Dietetics, Surgery of the Stomach, etc. By John C. Hemmeter, M.D., Professor in the Medical Department of the University of Maryland, Baltimore. With many original illustrations, a number of which are in colors. Second Edition, enlarged and revised. Octavo. 898 pages. Price, \$6 net, cloth. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa.

This edition is practically a re-written book, a great part of it having been re-constructed and a large amount of new material added, of which the following articles are the most important:

Hypertrophic Stenosis of the Pylorus, Obstruction of the Orifices, The Use and Abuse of Rest and Exercise in the Treatment of Digestive Diseases, Hemorrhage from Stomach, etc. A number of new plates have been added.

We can hardly see how the general practitioner can afford to be without this work. The chapters on diet are particularly valuable. "Lavage and the Gastric Douche" is another very practical chapter. Besides being full, from cover to cover, of most useful matter, there is also a delightful literary atmosphere which is very notable in a medical work.

ATLAS AND EPITOME OF OPERATIVE SURGERY.—By Dr. Otto Zucker Kandi, Privat-docent in the University of Vienna. Authorized Translation from the German. Edited by J. Chalmers Da Costa, M.D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia, etc. With 24 plates and 217 illustrations. Philadelphia. W. B. Saunders, No. 925 Walnut st. Price, \$3 net.

There have appeared of late no series of books better calculated to meet the wants of the practical man than "Saunders' Medical Hand Atlases." Of the entire group no single number will appeal to more people than the one on operative surgery. The very nature of the subject is such as to be lucidly and fully illustrated by this method of instruction. The plates are of especial excellence, their

equal can hardly be found in the extensive and expensive manual.

Dealing only with the actual operation it entirely avoids theory and discussions. In the description of Bassini's operation for inguinal hernia, for instance, there are four page-plates which are so clear and well chosen, that it seems as if the surgeon might perform the operation with these as his only bibliographical guide. Upon such a common and important subject as urethral catheterization there are ten illustrations and a dozen pages of text. Indeed, the reviewer has rarely come across a more precise, succinct and sensible a description of this usually neglected subject in any book. More often there are only cautions to be gentle and cleanly, but here there are careful instructions how to be surgically gentle and efficient. If there is any one thing where there are more surgical sins committed than in roughly handling the urethra, we do not know of it. We most heartily endorse the directions here given and would like to see this book in the hands of every young surgeon and of every one who often catheterizes patients.

The book contains nearly four hundred pages and is most full of practical instructions from cover to cover. Especial attention is given to operations that are usually demonstrated on the cadaver, and which fall to the lot of the general surgeon. Of course, ligation and the classic amputations are treated in full and illustrated extensively. To give a fair knowledge of practical surgery we know of no book that is so well fitted, both for the student and practitioner. We heartily commend it as practical, safe and having its limitations purposely imposed and accurate in detail.

THE INTERNATIONAL TEXT-BOOK OF SURGERY. By American and British authors. Edition by J. Collins Warren, M.D., LL.D., Professor of Surgery in Harvard

Medical School; Surgeon to the Massachusetts General Hospital; and A. Pearce Gould, M.S., F.R.C.S., Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of the Court of Examiners of the Royal College of Surgeons, England, Vol 11, Regional Surgery. With 458 illustrations in the text, and 9 full page plates in colors. Philadelphia Penn'a, U. S. A., W. B. Saunders, 925 Walnut Street. 1900. Price in cloth, \$5.00 net; in half morocco, \$6.00 net.

We have here the second volume of this useful work. The editor has chapters of his own in the Technic of Abdominal Surgery, Surgery of the Breast, Acute Intestinal Obstruction, and Gonorrhea. The chapter on Surgery of the Mouth and Tongue; Diseases of the Jaws, Gums, Pharynx and Tonsils and the chapter on Surgery of the Nose, are particularly well illustrated. The chapter on Surgery and Surgical Operations of the Tropics is very opportune. The writer of this chapter says: "The equatorial belt includes roughly all the region, within 12 degrees north and south from the equator and is marked by a wonderful uniformity of temperature by day and night, as well as throughout the year. The greatest heat seldom exceeds 90 or 92 degrees F., and rarely falls below 74 degrees. The usual daily range is only 11 degrees. . . . The rainfall averages about 80 inches. The whole belt is practically a forest-girdle round the earth; and it is a region of almost perpetual calm air, soil and water have a uniform temperature bordering on 80 degrees F., the day and night temperatures vary but a few degrees; and there is a complete absence of season.

"The tropical and subtropical region includes all between temperate and equatorial climes. It is marked by distinctly tropical summers, by the rainfall occurring during the hot weather, and by strongly marked seasons. The summers are not hotter than in the north, but they last for at least 8 months, and are much more moist. The winters are cool, dry and bracing. The rainfall varies from nil in rainless regions to as much as 160 inches." The author then proceeds to de-

scribe various operations for conditions due to the tropical climate. The entire work reflects credit upon the publishers and the distinguished editor.

ON DIABETES MELLITUS AND GLYCOSURIA. By Emil Kleen, Ph. D., M.D., Octavo, 313 pages. Price, cloth, net \$2.50. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This most excellent work upon the subject of Diabetes Mellitus and Glycosuria, is very readable. The first chapter is on Definition and History, followed by a chapter on Geography and Etiology. Then follows a chapter of 43 pages on Glycosuria; after which comes Symptoms and Complications of Diabetes, dividing the diseases into the mild and severe forms. Then follows a short chapter on Diabetes Infantilis. Then comes a chapter of 65 pages on Metabolism and Nutrition. At the beginning of this chapter is the following paragraph: "Notwithstanding the progressive strides that have been made in recent years the metabolic changes that take place in diabetes are but imperfectly known." Then comes a most interesting and instructive chapter on Investigation of a Case of Diabetes. In this chapter the following statement is emphasized: "The first, and most important rule is, therefore, never to use for a test a specimen of urine passed when the patient's stomach is empty before the first meal of the day. The best means of a test from a single examination of the urine, whether a person is normal or not in this respect, is furnished by a sample passed an hour after the end of the dinner." The book closes with a chapter on Treatment. The chapter on Dietary Treatment is interesting indeed, and contains many good suggestions. Concerning bread as an article of diet, the author points out the fact that the preparations made for diabetics, which contain a small amount of starch or none at all, are "tasteless, indigestible and expensive." He furthermore says: "Upon the whole I am of the opinion that the breads for diabetics have profited the bakers but injured the diabetics."

He classes the anti-diabetic treatment

into the "absolute or severe diet" and into the "more liberal diabetic diet." Under the medicinal treatment, where he mentions many remedies, some of which have been used for ages, and other more recent ones it is interesting to note that he makes the following assertion: "Even the best 'specific' remedies for diabetes are but very uncertain and weak in any 'specific' influence, and the longer one has the opportunity of watching the effects of extolled remedies of this kind, the more skeptical does he become of their great value."

LECTURES UPON THE PRINCIPLES OF SURGERY, Delivered at the University of Michigan by Charles B. Nancrede, A.M., M.D., LL.D., Professor of Surgery and Clinical Surgery; Emeritus Professor of General and Orthopedic Surgery, Philadelphia Polyclinic, etc., etc. With an appendix containing a resume of the principal views held concerning Inflammation, by William A. Spitzley, A.B., M.D., Senior Assistant in Surgery, University of Michigan. Illustrated. W. B. Saunders, Publisher, Philadelphia, 1899. 8vo, pp. 398. Cloth, net \$2.50.

This book of 390 pages presents the principles of surgery in such a manner that it can be grasped by the under-graduate. Very much that is found in the larger works on the subject has been eliminated, and the more important facts seem to be embodied in this volume. The peculiar ability of the author to sift the wheat from the chaff and present the substance in an attractive manner, seems to be the leading virtue of this volume, which is beautifully gotten up in both type and illustration. While it is intended largely for the under-graduate, it is yet comprehensive for the practitioner.

A POCKET MEDICAL DICTIONARY giving the pronunciation and definition of the principal words used in medicine and the Collateral Sciences including very complete tables of clinical emponymis terms, of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilla and thermometric scales, and a dose-list of drugs and their preparations, in both the English and Metric systems of weights and measures. By George M. Gould, A.M., M.D., author of "The Illustrated Medical Dictionary," "The Students Medical Dictionary;" editor of "The Philadelphia Medical Journal;" president, 1893-1894 American Academy of Medicine. Fourth

edition, revised and enlarged, 30,000 words, Philadelphia, P. Blakiston's Son & Co., 1012 Walnut St., 1900.

Thirty thousand words in 837 pages, all nicely bound, for the small sum of \$1.00 is certainly a remarkable feat in publishing. The publishers say that the issuing of this edition is coincident with the sale of one hundred thousand copies of Dr. Gould's Dictionaries. They also say there is an estimate, that in this country there are about one hundred and twenty thousand physicians which shows that there are only twenty thousand unfortunate enough not to have one of Gould's Dictionaries. This is an excellent little book.

CHRISTIAN SCIENCE. An Exposition of Mrs. Eddy's Wonderful Discovery, including its Legal Aspects. A Plea for Children and other Helpless Sick. By William A. Purring-ton, lecturer in the University and Bellevue Hospital Medical College, and in the New York College of Dentistry upon Law in Relation to Medical Practice, one of the authors of "A System of Legal Medicine." Small 8vo, 194 pages. Illustrated. Cloth, \$1.00. E. B. Treat & Co., 241-243 West 23d St. New York.

Extract from author's preface: "It is not denied that hysterical patients, the morbidly introspective, the worriers, the malades imaginaires, the victims of obscure nervous ailments have been helped by Faith Cure, Christian Science, Mental Healing, Mesmerism, Hypnotism, Vitapathy and the like. But it is denied, for instance, that because asthma, which often yield to a change of residence, or wears out by lapse of time, and childbirth, a normal function, sometimes runs a successful course under such methods, therefore gross ignorance and presumption are to be substituted without restraint or liability in daily life for demonstrably efficient skill and science. We know that the surgeon can staunch the gush of blood, that the physician has sweet oblivious antidotes for pain, and, if called in time, can often counteract the deadly work of poison. Eddyism cannot do these things. Will Mrs. Eddy or any of her disciples venture by per-

sonal experiment under test conditions to prove that Christian Science can counteract by its arguments the effects of morphine, atropin or strychnine?"

New Licentiates.

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At a meeting of the Board held Feb. 6, 1900,
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5495 Scholdt, Franz F. H., New York, Coll.
Phys. and Surg., Illinois, Apl. 19th,
1898.

5496 Stehman, Henry B., Pasadena, Cal., Jef-
ferson Medical College, Mar. 10th, 1877.

5497 Stevens, William E., San Francisco, Med.
Dept. Univ. of California, May 16th,
1899.

5498 Stevenson, G. L., Sacramento, Med. Dept.
Univ. of California, May 16th, 1899.

5499 Tefft, Herbert K., Los Angeles, Bellevue
Hosp. Med. Coll., N. Y., Mar. 1st,
1873.

5500 Tyler, John A., Garden Grove, Med. Dept.
of Vanderbilt Univ., Tenn., Mar. 1st,
1882.

5501 Walters, St. D. Gynlais, San Francisco,
Royal Coll. of Phys. and Surg., Edin-
burgh, Scotland, July 30th, 1881.

5502 Weston, John N., Santa Cruz, Coll. Phys.
and Surg., N. Y., May 11th, 1888.

5503 Weyer, G. A., San Francisco, Med. Dept.
Univ. of California, May 8th, 1898.

5504 Zillmer, Adolph L. W., San Francisco,
Cooper Medical College, Cal., Aug.
22nd, 1899.

MARCH 6, 1900.

5505 Allen, Lewis Whitaker, San Francisco,
Cooper Medical College, Cal., Dec. 8,
1896.

5506 Armstrong, Veturia Clark, Los Angeles,
Medical College of Indiana, Mar. 29,
1898.

5507 Burney, William Albert, San Diego, Long
Island College Hospital, N. Y., June
21, 1877.

5508 Dunn, William Lawrence, Oakland, Med.
Dept. Univ. of California, May 12,
1897.

5509 Fruth, D. O., San Francisco, Columbus
Medical College, Ohio, Mar. 1, 1879.

5510 Knight, Robert B., Stockton, Med. Dept.
Univ. of Denver, Colo., April 19, 1892.

5511 Lemon, Frank James, Elk Creek, Barnes
Medical College, Mo., April 12, 1898.

5512 Martin, Jeffrey, Anaheim, Med. Dept.
State Univ., Iowa, March 1, 1876.

5513 Mason, Matthew, Corning, Miami Med.
College, Ohio, May 3, 1898.

5514 McGrath, Micheal E., San Francisco Royal
College Phys. and Surg., Ontario, Can.,
April 22, 1889.

5515 Smith, Reginald Knight, San Francisco,
Coll. Phys. and Surg. Baltimore, Md.,
April 14, 1892.

5516 Sutton, Fred Roscoe, Los Angeles Univ.
Med. Coll., Kansas City, Mo., Mar.
23, 1898.

5517 Van Zwalunenburg C., Riverside, Med.
Dept. University of Michigan, June
23, 1885.

CHAS. C. WADSWORTH, M.D.,

Secretary.

NOTICE TO SUBSCRIBERS.

The Southern California Practitioner is the representative medical journal of Southern California, and the southwest. Able original articles appear each month from well known men, eminent in the profession. For May, the issue will contain a full report of the transactions of the 25th semi-annual meeting of the Southern California Medical Society at Riverside, Cal., together with matters of interest from the State Medical Society at San Francisco which is now in progress. The subscription price of the Practitioner has been reduced to \$1 per year, placing it in reach of all. You cannot afford to be without the Practitioner for your office table.

Send name and address to Dr. C. G. Stivers, Business Manager, 315 W. 6th St., Los Angeles, and watch results.

SANMETTO IN CHRONIC ORCHITIS.—J. A. Stothart M. D., Savannah, Ga., reports the following case: "During November, 1898, a Greek fruit vender called at my office, suffering with chronic orchitis. The patient stated that the first attack occurred four years prior to this time. During the four years there had never been more than two and a half months between the attacks. He had been under treatment most of this time, and several times in the hospitals, and had been discharged as cured by several physicians. The testicle had almost arrived at the condition of ossification, but at no time had there been any pus formation. I prescribed Sanmetto, and directed that the treatment be continued for two or three months. My treatment was carried out to the letter, and there

has never been any return of the trouble since beginning the use of Sanmetto. I have used Sanmetto in other urethral troubles with very satisfactory results."

RECIPROCITY.

Dr. ——— had a valuable cow, which became sick and seemed likely to die. After inquiry of his servants he sent for Jemmy Lafferty, who, they said, "could cure any cow in the wurruld." The cow doctor accordingly came, drenched and physicked the animal for four or five days, at the lapse of which time he waited on the doctor and pronounced her cured. The doctor, greatly delighted, put his hand to his pocketbook.

"Well Lefferty, what do I owe you?"

"Owe me!" replied Jemmy, drawing himself up with great dignity, "sorra the penny! We doctors never take money of one another."

SPECIAL COURSE IN OPHTHALMOLOGY.—Beginning on Monday, April 16th, 1900, a special course in ophthalmology will be given to medical practitioners by Dr. James Moores Ball, of St. Louis, assisted by a corps of competent instructors. The duration of the course will be six weeks. It will consist of didactic lectures, recitations and clinical demonstrations. For further information address 3509 Franklin avenue, St. Louis.

A CONTRIBUTION TO THE THERAPEUTICS OF IRON.

By Dr. Gellhorn, Assistant Physician.

The skeptical assertions of Dr. Bunge, regarding the value of ferruginous medication, at the Congress for Internal Medicine of 1895, evoked an almost unanimous and vigorous opposition in the discussion which followed the reading of his paper. The doubts expressed by him in reference to an insufficient absorption of the inorganic preparations of iron could at that time only be controverted, in the main, by the results of practical experience derived from the

administration of iron. However, Quincke even then pointed out that his investigations on the subject, which had not yet been concluded, had demonstrated the absorption of iron preparations given for medicinal purposes, and their utilization in the body. In 1896, at the Congress for Internal Medicine, Quincke reported the results of his experiments which meanwhile had been completed, and which confirmed in every respect the above-mentioned statement. He had made it his aim to trace the course of iron along the intestinal canal, by means of microchemical reactions, and for this purpose fed white mice for a number of days with cheese, to which had been added various ferruginous preparations. The animals were killed during feeding, or after the lapse of a certain interval, and the viscera, especially the intestinal canal, hardened in alcohol, cut open and examined for the presence of iron with sulphide of ammonium as a reagent. It was thus found that iron is absorbed exclusively in the duodenum, and this applies both to the iron in the food and that administered medicinally. It was detected in the duodenal epithelium and in the stroma of the duodenal epithelium and in the stroma of the villi, and is visible even to the naked eye.

These investigations of Quincke have demonstrated incontestably that the favorable results which have been obtained, since olden times, from the administration of iron are actually attributable to its absorption, and not, as Bunge would have it, to accidental circumstances, to diet alone, or even suggestion.

In the following I will only discuss the clinical aspects of this question. I was encouraged in undertaking this work by my honored teacher, Dr. Mackenrodt, who has assisted me in every possible way. In the management of chlorosis and anemia, and the host of sequelae of these diseases, the physician would be powerless if he had not in iron a specific, or at least a potent and indispensable adjunct

to his other therapeutic resources. The patients, who belong for the most part to the working classes give in the main the same group of symptoms: amenorrhoea, scanty or profuse, weakening, irregular, usually premature, menses; headache, anorexia and dyspepsia; neuralgias, and almost invariably marked lassitude, which interferes markedly with their ability to work. In these cases prompt and radical help must be afforded, in order to restore to the patients their full working capacity as soon as possible. It is well known that the therapeutic value of the various iron preparations differs greatly. This is shown a priori by the abundance of manufactured products of this kind. My experience relates chiefly to three preparations, *pilulae chinini cum ferro*, *formula magistralis* of Berlin, *liquor ferri albuminati*, and the neutral peptomangan (Gude.) My results with the first of these three remedies have been very inconstant, while with the *liquor ferri albuminati* of the pharmacopia they were somewhat better. I have instituted accurate examinations, however, with only Gude's pepto-mangan, and the data given further on relate to this remedy alone. Owing to my limited experience with the many other preparations employed by various authors, I would not designate the pepto-mangan as a universal remedy, or as the only efficient preparation.

Still another remark; there can be no doubt that our medical intervention, no matter of what kind, is materially assisted by psychical impressions. This applies especially to our female patients, who are extremely susceptible to mental influences of this character. Hence, it may readily occur at the commencement of treatment that the previous disorders are less strongly felt, and it is therefore unfortunate that an objective criterion for the existing improvement is not at our disposal, as such we would regard regular examinations of the quantity of haemoglobin in the blood.

In the observations reported these were made with Gower's haemoglobinometer. This instrument is very convenient, and is superior to Fleischl's apparatus for the use of the general practitioner, especially on account of its cheaper cost. The tests are very exact; any existing errors are the less to be considered since they occur uniformly and in about the same degree during the entire course of the experiments.

In the case of one of my patients I proceeded as follows: I prescribed peptomangan (Gude), one teaspoonful three times daily after meals, and regulated the diet in accordance with the directions furnished with preparation. Sour and fatty foods, as well as raw fruits, are to be avoided under all circumstances. Fritsch (*Diseases of Women*, 1892, pp. 469) advises, indeed, that the desire for acids manifested by chlorotics should be gratified. According to my experience, however, this craving for acids is to be regarded as a pathological condition of the alimentary tract, which is made worse by further supply of acids, but can be successfully overcome by an unstimulating diet. In cases where the social conditions in any way permitted, I allowed the patient to take a small glass or red wine three times daily, but never during a period of one hour before and after the administration of the medicament, in order to prevent the combination of the tannic acid contained in the wine with the iron. The use of potatoes was restricted as much as possible, at least, during the first four weeks. Furthermore, I resorted to the dietetic regulations customary in these cases, but changed them to advantage when, as so often happens, obstinate constipation was present, following in this respect the suggestions of Hebra, which have recently been again advocated by Ruge (*Transactions of the Obstetrical and Gynecological Society of Berlin*, 1, III, 1896,) and obtained generally excellent results. In contrast to several authors who made it a practice to remove any

existing dyspepsia before resorting to the use of iron, I have followed the method of v. Ziemssen and Baumlér, of at once administering iron—unless the presence of a severe gastric affection, especially ulcer of the stomach, could be positively determined—and observed as early as the end of one or two weeks an increase of appetite and subsidence of the gastric disorder.

I would lay especial stress upon systematic exercise in the open air. I ordered the patients, who, with but two exceptions were treated out of bed, to take a stroll at midday, at first of five to ten minutes' duration.

After each walk they were advised to take off their corsets, put on their slippers, and rest for an hour on the sofa. Under this treatment the lassitude invariably vanished after a time.

In the manner thus described I have treated in all about sixty patients. In twenty-four cases I instituted quantitative estimations of haemoglobin at regular intervals of three, five, or eight days. Under normal conditions the quantity of haemoglobin in woman amounts to 12.59 per cent. when estimated in comparison with the other constituents of the blood. Among my cases the lowest amount met with was, in a single instance, 30 per cent. of the normal, that is to say, of the above 12.59 per cent. Next to this was the following case with 32 per cent. of the normal:

Miss W. G., twenty-two years old, seamstress, related that she had been under treatment for four years for chlorosis. Since the age of nineteen her menses had been scanty, occurring before the usual time, and of three to eight days' duration. On September 26, 1895, a *remotio secundinarum* occurred, after an abortion induced in the fourth month. At present she complains of darting pains in the upper portions of the lungs, headaches, and rapid loss of strength.

January 9, 1896, anaemic appearance; physical examination, especially of

lungs, negative. Quantity of haemoglobin, 32 per cent. Ordered pepto-mangan (Gude,) diet, etc.

January 13, 1896, considerable improvement of the general condition. Haemoglobin, 45 per cent.

January 17, since previous day, diarrhoea, due to gross errors in diet, troublesome eructations. Ordered tinct. opii. 15 drops three times daily. Haemoglobin, 47 per cent.

January 21, improved after use of tinct. opii., no more gastric pains or eructations. Headaches have completely disappeared, lassitude less marked. Haemoglobin, 55 per cent.

January 31, condition unchanged, ceased menstruating on previous day, the flow having lasted five days.

February 8-28, patient feels well and no longer complains of pains in the lungs. Appetite and bowels regular. Haemoglobin, constantly 55 per cent.

March 5, no change. Haemoglobin, 62 per cent.

March 11, Haemoglobin, 68 per cent.

March 27, Haemoglobin, 77 1-2 per cent.

Unfortunately, as in most of these cases, the patient's visits ceased as soon as she felt entirely capable of going to work. As a matter of fact, the increase of haemoglobin in this case was tardy, as in four other cases in which the quantity at the beginning was 34, 35, 37 and 38 per cent. of the normal. In eighteen other instances in which the initial amount was higher, viz: 42-75 per cent. of the normal, progress was more rapid as a rule.

This is most strikingly illustrated in the following case:

Miss C. B., aged fifteen years, complains of violent headaches, visual disorders, loss of appetite a feeling of pressure over the stomach, constipation and general lassitude.

June 2, 1896, status praesens: Mucous membranes pale; physical examination, negative; heart, normal; quantity of Haemoglobin, 45 per cent. Prescribed as in above case.

June 9, headache has disappeared; condition otherwise unchanged. Haemoglobin 45 per cent.

June 16, improvement. Haemoglobin, 51 per cent.

June 23, decided improvement. Haemoglobin, 55 per cent.

July 8, patient free from complaints; cheeks ruddy; lips and conjunctiva red. Haemoglobin, 78 per cent.

July 23 and September 24, continued good health.

I cannot close this paper without calling attention to the beneficial influence exerted by pepto-mangan (Gude,) in anemic neuralgias, and add in brief the following history of a case.

Mrs. K., aged thirty-five years, very pale and ill-nourished, suffers from intercostal neuralgia on the left side.

January 30, 1896, quantity of Haemoglobin, 68 per cent. of the normal.

February 5, in the meantime has suffered on two days with violent headaches; intercostal neuralgia persists; appetite good; no gastric disturbances, Haemoglobin, 69 per cent.

February 12, no longer troubled with headaches, with exception of one attack of neuralgia, in the area supplied by the left supra-orbital nerve. The paroxysms of pain on the left side of the chest have become less frequent. The lassitude has subsided. The mucous membranes are still anemic. On the whole the patient feel better and more vigorous than before the commencement of treatment. Haemoglobin, 75 per cent.

February 18, considerable improvement of neuralgias; no headaches, nor digestive disturbances. General health improved. Menses appear earlier than previously, this being the second day of the flow. Haemoglobin, 73 per cent.

February 26, during the preceding days transient deterioration of her condition, owing to mental excitement. Menstrual period has been normal. Haemoglobin not estimated.

March 2, patient no longer complains. Intercostal neuralgias have ceased to oc-

cur, except on rare occasions. Haemoglobin, 76 per cent.

March 13, health good in general. Iron discontinued on account of gastric disturbances, which are said to result from excitement. Ordered strict diet and iron to be resumed.

March 19, complete restoration to health. Haemoglobin, 82 per cent.

That the final estimates did not yield the normal quantity is not surprising since it is frequently somewhat reduced even in healthy persons. At any rate, the objective and subjective state of the patients in the above cases, as well as in the others not reported in detail, afforded the impression that a radical cure with complete restoration of the ability to work has been effected.

It must be conceded that in matters of therapeutics it is always difficult to appreciate correctly the relation of cause and effect, and to eliminate the factor of accidents in estimating the efficiency of any plan of treatment. And in order to arrive at a positive and unbiased decision, it is necessary to resort to a series of observations and control experiment of so great an extent that the single observer, even though he have at his disposal a vast amount of material, is only capable of furnishing a small contribution in the discussion of these questions. Furthermore, a certain amount of latitude must always be allowed to individual judgment.

Yet while fully conscious of these limitations I think I am justified in asserting that in my therapeutic trials with Pepto-Mangan I obtained all that can be rationally demanded. And I further consider myself warranted in stating that in view of the unquestionable necessity of ferruginous medication in certain troublesome constitutional affections this preparation acts as a most efficient and useful auxiliary to our therapeutic efforts.—*Therapeutische Monatshefte*, May, 1897.

*From Dr. Mackenrodt's Gynecological Clinic, Berlin.



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THE CLEANLINESS OF TODAY.

Prof. Charles H. Stowell, M. D., writing on the hygienic care of the household in *Trained Motherhood* recommends the use of Platt's Chlorides for the regular disinfection of waste pipes, closets, cellars, etc., remarking: "To be clean nowadays means to be free from germs and all such mischief-making things!

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CLINIC REPORTS.

By request the names are withheld but are on file and will be sent to any physician desiring to write to these physicians for further information.

California Pharmacal Company, San Francisco, Cal.

Gentlemen.—In four cases of recent operation for abdominal trouble I have had severe nausea and have placed the patient on Vita Aurantii (Haber) in doses of from 1 to 4 drachms at a dose frequently repeated during the first and second days and have so far found it to be of the utmost service in these cases. Very respectfully yours,———

Los Angeles, 12, 29, 9.

My dear Sirs:—In two different cases lately I have had occasion to use your remedy Vita Aurantii (Haber) for emesis; the first arising from alcoholism and consequent weakened stomach, and the other in the conditions existing prior to the patients giving up to an attack of delirium tremens; I can say that the ef-

fect was immediate and very happy and I consider it one of my reliable remedies in cases of like nature, Yours truly,——

——New Orleans, La., Dec. 13, 1899.

The California Pharmacal Company, of San Francisco, incorporated, 577 Parrott building.

MALARIAL ANEMIA.

Prof. Charles J. Vaughan, M. D., Asst. Chair of Obstetrics and Gynecology, Atlanta College of Physicians and Surgeons, Atlanta, Ga., reports: "In treating several cases of malarial anemia I had most complete success in four instances in which I used antikamnia and quinine tablets. This may seem a very simple remedy and the fact that no ferruginous preparations were administered is in line with the latest theory that the giving of iron in anemia is not scientific.

"Report of one case may be fairly indicative.

"Jno. E., aet. 33, a resident of Southern Mississippi. For the past ten years has worked in malarial regions. A number of severe malarial infections have sapped his strength, and greatly reduced his vitality which was previously abundant.

"The most recent attack was pernicious intermittent fever which gravely endangered his life. When sufficiently recovered to travel he came to Atlanta when I was consulted. I noticed a marked enlargement of the spleen, and the anemia which had existed for some time was alarming in character. The patient's nutrition was greatly diminished and he presented a typical picture of malarial cachexia.

"After careful examination I ordered thorough hygienic measures and prescribed antikamnia and quinine tablets, one every hour during the day for the first three days after which they were reduced to one every two hours during

OUR ADVERTISERS.

the day. This treatment was continued. At the expiration of four weeks the patient was convalescent, had gained 13 3-4 pounds, was able to eat well and sleep well and showed no signs of anemia whatever.—The Magazine of Medicine.

A. O. Stimpson, M. D. C. M., Thompson, Pa., says: I have used and prescribed Celerina as a nervous sedative in a sufficient number of cases to test its medical virtues, and by experience I find that it is by far the most effective anodyne compound that is made. It is especially adapted to such cases that will not tolerate opiates, especially in neurasthenia and hysteric convulsions. I have also used it as a calmative in several cases of insomnia brought on by over indulgence in the use of alcoholic stimulants. I have often combined it with Peacock's Bromides very effectually. Miss A. C., a young lady, inheriting an extremely nervous temperament from her mother, was treated by me three months ago for amenorrhea and chlorosis. Preparations of iron were prescribed for her with decided benefit, as a constitutional treatment, but she could get no rest at night, only when completely exhausted. Opiates of various kinds proved more of an excitant remedy

than calmative. By the frequent and repeated use of bromides of potash, soda, and ammonia, she would obtain rest when her stomach would tolerate the remedies, but Celerina proved to be the sine qua non in her case; the second dose scarcely ever failing to procure a protracted and refreshing sleep. Case 2. Mr. F. L., a professional house painter, occasionally afflicted with colica pictorum, immediately relieved of pain and trembling by repeated doses of Celerina given in milk. Case 3. Mrs. J. G., an aged lady, suffering from hemiplegia, attended with annoying formication in palsied limbs, was relieved of these disagreeable symptoms and insomnia by the use of Celerina. Opiates of any kind failed to have any beneficial effect, and the bromides and preparations of valerian disagreed with her stomach. Case 4. Mr. S. S., an habitual toper, had had no sleep for three nights in succession, where the stomach was in such a condition that it refused to tolerate alcoholic stimulants in any shape, was speedily relieved by the use of Celerina. Case 5. A. C., a young child, two years old, suffering from hydrocephalus, was greatly benefited by the use of Celerina as a nervine sedative, and is in a fair way to gain unlooked-for health.

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ORIGINAL.

SOME PSYCHOLOGICAL ASPECTS OF THE PRACTICE OF MODERN SURGERY.*

BY NORMAN BRIDGE, M.D., LOS ANGELES, CAL.

The best observer of a scene is sometimes the man up a tree. From a distance, and free from all responsibility, one may take the calmest view. To see another do a thing we are familiar with, often reveals defects that are correctable, as well as skill that is commendable. The child first learns to grasp his spoon as one holds a hatchet; but he is unable to see that his grasp is awkward and must be changed, and he may even think the suggestion to change is impertinent. The best historian is not the general in command, and the latter will be a better critic of his maneuver when he can see another attempt to do it.

When one sort of practitioner takes the role of judge for another sort, he as-

sumes large risks, and his only safety for such a task is in the friendliness of his attitude, and the purity of his purpose. The best judge of a surgeon is another surgeon who simply observes; the next best must be a doctor who does not cut. But an attitude of protest is always unfortunate in a way, even when the motive is good.

The march of the science of surgery through the quarter century just finished, has witnessed several changes of standpoint, and the art has changed even more. The surgeons have been great critics of each other, and their judgments have conspired to the perfection, in a high degree, of their own work. The pendulum has swung far in several directions, and the ideal surgery

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of today is very different from what it was twenty-five years ago, albeit the same general principles have, through these decades, mostly guided it. The principles are in general so admirable, and the technique so near perfection, that it must be benevolent for those who admire both, and are removed from too active a practice of the art, to try to abolish some of the few imperfections that are left, even if the means to that end be a criticism that may seem capricious.

All good surgery is psychological before it materializes into the actual art. The surgeon plans and then executes, and sees his ideas grow into results. But it is not always as plain as that; he often starts into a wilderness with little plan and small knowledge, on a very campaign, of adventure—and his intellectual exploits are a surprise to himself as well as to others. The things that go on in the surgeon's conscious mind are most interesting; the unconscious mental processes are even more interesting, and it seems to me some instruction may be gotten from them as to things to be done and avoided. It is, for example, evident at times that the surgeon's ambition to "get the tumor out" or to "find the appendix" may, in his mind, overshadow the best interest of the patient. Surgeons, like other people hate to be "stumped." In our mental intensity to accomplish a given purpose, it is easy to forget that in the struggle we may frustrate other purposes that we are more anxious to conserve. It is a conscious purpose to get the tumor out or find the appendix; that we should make this aim lose the life of the patient, must be as unconscious as it is unintentional. Yet this thing happens now and then.

I have a surgical friend who is so intense on doing deliberately and properly every step of his operation, that he often prolongs the narcosis needlessly, sometimes to the evident detri-

ment of the patient. He will hesitate over every stitch he inserts, every tissue he cuts, and even the way he shall turn over a piece of gauze—as though his or the patient's life hung upon it. Many years ago surgeons were proud to operate rapidly; later it was the fashion to disparage such rapid work as tending to poor surgery, and men were often heard to boast that they did not permit themselves to hurry an operation. Yet there is such a thing as wasting time over trifles that have no other value than that which belongs to good housekeeping. The neatness of an operation, the precision of stitches, the exact folds and folding of the gauze, are desirable and commendable, provided their attainment does not imperil the patient. Probably every surgeon would declare that he is never consciously guilty of any such failure of proportion, and that may be true; it is the constructive guilt of unconscious wrong movements and impulses, and lack of balance, that men should see if they can. Probably no man intends to waste twenty minutes of the period of narcosis in preparation of his patient that he could do just as well before the anesthetic is commenced, yet such things happen often enough; and it must be that occasionally a patient is lost in consequence. A surgical friend of mine, many years ago, had operated for a lacerated cervix, and the healing had left a little sinus, leading laterally into the cervical canal. The opening would admit a large probe, and of course was unknown to the patient, and produced no symptoms. But I assisted him in an operation to close this opening. In the midst of it I asked him, tentatively, what the considerations were that led to this secondary operation. He said: "Well, really—you know—well—anyhow, it doesn't look very well to have such a sinus left after an operation." I told him that I was glad to see him so zealous in doing good surgery, but that I never before had heard of this

kind of an operation being done for cosmetic effect. I fear many another surgeon has subjected poor human flesh to similar useless ordeals.

Another misfortune of many surgeons is a mental sense of embarrassment at delay in their own steps of an operation, that often causes them to do queer things. They are like a boy making a speech; if he stops a moment, he is confused, then chagrined, then lost to his self-control. Benefit comes of a habit of deliberation that permits a man to stop, think while he is speaking, and without being embarrassed or non-plussed. So it would even profit the surgeon, when he reaches a point in his operation beyond which he is not absolutely certain of his way, if he would stop, think, and consider the principles that ought to govern him, and be more sure to act wisely. But if he gets nervous he usually fails to do this, but rushes along—sometimes to regret his haste finally. I have seen a surgeon open the abdomen, find something that he did not understand, and instead of stopping to deliberate and learn if possible the nature of the conditions and the line of procedure, go on handling the tissues, pulling, pressing, and teasing them for many minutes; and for what? Only to cover his sense of embarrassment, and in the wish that some chance would reveal to him what he was hunting for and what he ought to do. A friend of mine, and a very superior surgeon, once got into a position of this sort, and turned and handled a delicate tissue full forty times before he had reached the point he was seeking. He knew as much about the tissue after he had felt of it three times as he could learn by that method; so the other thirty-seven times were cruelly wasted, to the patient's harm. He would better have twirled his watch chain or twisted his mouth or done any other useless thing to cover his sense of embarrassment. He could then have thought out his problem just as well and without

injury to the patient. But critics were present and watching him, and his not very courageous instinct refused to let him stop. It was all very silly, as the things we do while we are blushing to our ears often are, and we would have said so, if he had seen another do it.

Every graduate in medicine has seen an example of a surgeon giving a clinical lecture about a tumor, or some other surgical condition which he had examined beforehand and knew perfectly, and yet, while he talked of it for half an hour, his hands were continually kneading the thing; pressing it, pulling it, pushing it—and for no purpose except to cover his own self-consciousness; but to the unspeakable annoyance, if not actual harm, of the patient. I have witnessed at least twenty such examples, and once or twice have seen a patient turn upon the surgeon, and demand to know if it was really necessary to continue his manipulations, apparently for fun. That patients should bear such things with so few murmurs testifies to their respect for greatness of intellect. One advantage and disadvantage of the narcotized patient is that the surgeon's handling does not hurt him, and he cannot protest. The injury is less than it would be if he were conscious, but it is something, and it is often unnecessary.

Antiseptic surgery has done so much for the world that it would seem that we ought not to criticise any man for doing it thoroughly. If it is true (what is not wholly clear) that cleanliness is above all other things next to godliness, why not have it on all occasions? Yet the man up a tree sometimes wonders at the surgeon's taking a bath, changing his clothes for sterile garments and then dropping from his beard and hair some hundreds of microbes, or even picking his nose with his fingers, during the operation. Perhaps we ought not to wonder at the sterilization of the front door and ceilings if the things necessary for the operation are really done,

but the treatment of the door and the ceiling seems a waste of energy and of gray matter; and these forces are too valuable to waste. And we wonder why some surgeons will go to all lengths in formidable surgical preparation when they are about to dress the last trifling unhealed spot of what may at first have been a large wound, and where absorption is not any longer possible. Why make such preparations to open a cavity that is known positively to be terribly infected. when the instant this is done instruments, hands and dressing about the seat of operation will be infected again? It looks like an overpursuit of a very good purpose.

The psychological trouble is that we have agreed that we will do certain things as preliminary to any operation, because, forsooth, only such things bear the stamp of good surgery. I have known a surgeon doing a special line of surgical work, being criticised for the lack of asepticity which characterized his work, when he had a record of having operated for years without a drop of pus in any wound. He simply made sure that everything that touched, or was to touch, the wound he was to make, should be sterile, but was not particular that every particle of the environment, for example, his shoes and suspenders, should be sterile also.

The growth and evolution of operative gynecology have shown us many surprising things, but none more startling than the very latest. It was difficult to convince the profession at first that such operations were permissible. The first operation for ovarian cyst encountered a storm of opposition. After that opposition was overcome, it was easier to operate for fibroids; then for pus-tubes; then curettage came into fashion; then curettage by wholesale; then the fashion of extirpation of the uterus and adnexae. Afterwards the pendulum began to swing back. No ovaries should be extirpated completely that could possibly be saved in part.

Even a small piece of sound ovarian tissue must be spared. Now we have a professor of gynecology in a great center of medical learning,* who has almost ceased to operate on pus-tubes, but lets them alone; and he lets the lacerations of the uterine cervix and the simple lacerations of the perineum remain unoperated, declaring such to be the best course of procedure. The startling fact is that a surgeon of skill and fame, with the ambition to operate that belongs to the race, should have the fortitude to resist so great a temptation. Whether he is right or wrong, his courage is worthy of all praise.

The terminology of surgeons is interesting—particularly interesting as it comes filtered through the minds and lips of their patients. When the patient says Doctor So-and-so did such an operation upon me or for me, it produces a distinct picture of the surgeon to my mind. But when she says she has had some "surgical work" done, or that Dr. So-and-so did some "surgical work" for her, the picture of the surgeon is distinctly different, and it shows a man whose business of life has come to be "surgical work." Among the latter class of patients, the evidence that the surgery was unnecessary, is twice as frequent as it is among the former class.

It requires a large order of grace, and less selfishness than most men have, for one practicing a specialty like general surgery, not to advise some operations where they are unnecessary. The work—the specialty—makes one to magnify its importance honestly; and the normal ambition and need for gain and practice explain, but can never justify, some subordination of the interest of the patient to that of the doctor.

This last offense is so common, and so wicked, that it will always meet with unqualified condemnation. It is like the sin that has beset the race

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through all the ages, of the man selling his soul to the devil for a present pleasure; all people have found it and preached against it in word and story—and all must condemn it because it is founded on rank egoism and selfishness. As a principle there is no extenuation for it; no excuse. Yet the very spirit that often leads the doctor into this sin (even with an eye to his own gain,) is in part the optimism that encourages the sick beyond any warrant of science, but to their benefit. For it helps them to an exaltation of faith and hope that makes stoicism certain, and so recovery more prompt or endurance more easy.

On the other hand the surgeon's sin of hesitation to operate is one that has not gone entirely out of date. There are men who hold themselves to so rigid a rule of fealty to the sick that in their fear that they may err in their own favor, or seem to, they sometimes wait too long or fail to give the patient the benefit of an operation he is entitled to. They stand up so straight that they tip backward.—This is a safer error than the opposite one. But there are men who hesitate, not for the patient's good, but for fear that if they operate they will be obliged to record a failure, and so lower their own percentages. This attitude is as cowardly and selfish as it is unfair to the patient. The latter is entitled to the last one chance for his life, and no surgeon's timidity should deprive him of it. Ten years ago there was a great deal of this hesitation in cases of appendicitis, and of forms of peritonitis, otherwise produced, and the irresolution has not yet entirely disappeared (nor should it) as to novel procedures along new lines. It is a curious situation when men practicing internal medicine have to push surgeons into operating; yet this has actually happened within a dozen surgeon once for a long time systematically refused to have in consultation any of the old so-called conserv-

ative surgeons in a certain class of cases, but elected instead to meet physicians known to have radical and advanced views on the subject.

There are some surgeons who rarely make a complete study of a prospective operation. They find some tumor in the abdomen, and save themselves labor by resolving they will first explore, then think. They never beforehand catalogue the things and conditions they may possibly find, and thus they fail of making as good a diagnosis as they are capable of. Worse than that, as they have not thought of the numerous situations liable to confront them upon opening the abdomen, they are unprepared for the surprises that may come, and so have to deal with them in the hurry of the operation, and often deal with them unskillfully. They thus are less efficient surgeons than they might be.

The basis of this habit is probably either a disinclination to think severely on a subject that can be put off, or a fear of having to correct a diagnosis, or both. But the diagnosis absolute does not need to be made before the operation and one would naturally think that a surgeon should find comfort at least in cataloguing all the possibilities he could think of in any case.

The manner of books surgeons study most, furnishes food for thought. An outsider guesses it must be books on surgical principles and technique, but this is a mistake. I am told the one book most frequently consulted by the best men who operate most, is the book on Anatomy. This fact (if it is a fact,) shows that the surgeon retains more easily the vision of the steps of his operation than he does of the exact relation of the parts of the human body. Is this due to the character of the subjects? Is the anatomy more elusive, requiring more frequent review to keep the picture of it in the mind? Rather, I think, the object-lesson character of

the steps of an operation is probably what makes it stay in the mind that has once grasped it, and stay easily.

It is easy to find fault, and the fault-finders do not always offer a better thing than they complain of. The things complained of are often the unavoidable faults that come in the growth of a good system of thought or action. The growth of modern surgery is amazing in the mental evolutions of the surgeons. Lister first demanded that the microbes of the air should be avoided and killed. Carbolyzed spray, poisoned fog, was made to surround every operation. Soon it was discovered that carbolic acid poisoning was apt to occur both to patients and surgeons. Then came the cry: "Fort mit dem spray," and all this was banished. Afterwards came more rational methods; antiseptic drugs were used in and about wounds. Then it dawned upon us that aseptic cleanliness and what it implies, made the best record of all. From that time forth, gradually but surely, a system of automatism has grown up within the surgeon's mind, that has made the aseptic method first possible and then tolerably certain to him. Now the drill for a few weeks in an operating room, of a nurse or student, is usually enough to fix the habit and create the mental automatism in the direction of aseptic work. A few startling shocks help to produce this—as the rebuke of an assistant for touching an unclean thing, as picking up an instrument that has fallen on the floor, or of an unpurified bystander for touching a clean thing. The amazing scrubbing of hands and patient in preparation, tends to fix upon the mind the significance of a new system of manual function.

The danger of leaving foreign things in the abdomen in an operation, and the growth of methods to guard against it, constitute an interesting episode in the development of laparotomy. The shocks of mind and conscience from the

discovery of the carelessness, the closet skeletons of the unrecorded cases of forceps and sponges found in the abdomens of the dead—it is like plunging over a precipice to think of it! Note the current provisions against such accidents: The instruments are guarded; the sponges are counted and strings or tapes are attached to them as checks against forgetfulness, and a roll-call of them must be made before the wound is closed. Other self-acting and self-evident checks against error, and to economize mental attention, have testified to the genius of the surgeons. The different coloration of the solutions in the operating room, to tell instantly their composition, and the floating labels for a like purpose, strike everyone as ingenious and slick—their great economic value for the surgeon's mind is what makes them most valuable to the patient.

There is a great conservative merit in these automatic aids, for they leave the surgeon's thought free for other things. If his mind must be constantly alert to avoid leaving the sponges in the abdomen, and for fear the narcosis will go wrong, he has too little good mental attention left for the operation. It is a necessity in our mental lives that we create mechanical aids to give us freedom for the indispensable thinking; and this performance of the surgeon's is a fine example of it. Is it any wonder that when doing all these things the pendulum should occasionally swing too far in some direction, and lead us to errors before we are aware of it? Perhaps no great or vital errors come, but correctable ones surely.

The surgeon's growing disbelief in the power of drugs has led to many animadversions on what has been called "therapeutic nihilism;" but it is only a part of the reaction against a former blind belief in the power of drugs—a belief that still exists in many quarters; and ought never to have been held by thinking men. We smile at the cre-

dulity of people who believe organic diseases can be cured by prayer, laying on of hands and by what is absurdly called Christian Science. But these are not a whit more absurd than the faith many of us have had in drugs that are wanting in any scientific evidence of their value. The efficacy of a few drugs has been proven by the most searching tests, and the value of these is inestimable. They are a precious part of the real resources in the treatment of the sick. But it is no wonder the surgeons, under the influence of their more precise methods, should have lost confidence in a lot of medication that never had any serious purpose but to sooth the minds of the sick and their friends, or entertain the doctors, while the blessed conservative forces of physiology restored the patients, or, failing, suffered them to die of their perhaps incurable maladies. The attitude of the surgeons is commendable rather than otherwise, and has helped many wholesomely skeptical physicians to similar views.

In this later generation surgeons have been working along more scientific lines. Microbes reveal carelessness and inefficiency in such a surprising way that only exact methods can succeed greatly. Either the surgeons have had larger capacity and more genius than other workers, or the necessities imposed by modern science have compelled them to pursue more exact methods and to grow very proficient. They have become rather more accurate and careful in diagnosis than the rest of the profession, and have startled some general practitioners into ways that are more scientific. The necessities of modern science thus imposed are made by the wealth of that mass of incomparable knowledge consisting of bacteriology,

pathology and organic chemistry, and which is the recent creation of men whose life work is in laboratories. The clock of the years had fated this marvelous revelation to come to the world at about a given time. Laboratory workers in many countries were groping towards it thirty years ago, and it was bound to come soon. But it was a surgeon who first made the medical profession awaken and see it; it was by his sustained insistence that the scientific world found that it must see it. And unnumbered lives that have been saved in consequence, and the admiration of mankind, have honored him far beyond the possible measure of any royal decorations.

It must be the wish of all surgeons not only to know the right kind of treatment of their cases, but to have the right management of themselves as well, so that the greatest gift in the practice of a great art shall never elude them, namely, a perfect sense of proportion. The first principle for the government of all doctors is that the object of their measures for the sick shall be to lessen their peril, never increase it. And lapses of proportion, even sometimes apparently trifling ones, often stike most vitally at that principle.

Criticism is no proof of spleen, although it is often taken for it. The most ardent lover is often the most persistent, if the most kindly, critic, because unwilling to see anything short of perfection. If physicians proffer some hints to the surgeons from points of view that is peculiarly not theirs it is, I am sure, always out of a genuine admiration for the members of that brotherhood who have added so much to the life of mankind, who have lowered the death rate of the world, and altered, by bettering them the very equations of society.

NEEDED REFORMS IN KINDERGARTEN WORK,*

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Allow me to say in beginning that for the past two weeks I have felt very much as did that Irish hod-carrier who bet with a fellow laborer that he could not carry him to the top of a ladder in his hod; the challenged hod-man won his bet, but as the stakes were being handed over the challenger wistfully remarked: "I'd great hopes of falling at the third round from the top," and in view of the fact that I have been obliged to write this paper under stress of heavy professional work, harassing business cares and the aftermath of the State Medical meeting, I must confess to an occasional ungrateful regret that the friends, who by hard work, carried me to the top in their hod, had not, when they reached the third round from the top, let me fall back into the peace and quietness of unofficial life.

But as fortune befriended me and I am in duty bound, as your president, to deliver the annual address I desire to submit a few thoughts on education and the evils which arise from the present methods, especially in the kindergarten and primary grades.

The eyes of infants are those of the aborigines, that is, they are adapted for far seeing; in other words all children are born hypermetropic and most of them astigmatic. Observations made on school children and students of all ages from four to twenty-one in both Europe and America have shown us that there is a proportionate increase in the prevalence of myopia from the primary grades where it is less than two per cent., to the university, where it has reached over sixty per cent. To state this fact more concisely, myopia, which is extremely rare or entirely absent before school life begins is found to advance steadily in percentage with the progress

of the pupils in the schools. Cohn says, "not only does the number of short sighted pupils increase from the lowest to the highest schools, but the increase is in direct proportion to the length of time (that is, to the hours of close application) devoted to the strain of the school life." Far sightedness continues in the individual till old age if an out of door life has been led from infancy.

To this we must add the important fact that the children of myopic parents are much more liable to become near sighted and the near sightedness is liable to become excessive. In view of these facts Erismann made the statement—"After a few generations every inhabitant of a European city will be a myope."

The myopic eye is a diseased eye; whenever, in fact, we find increasing refraction in the eye we may look upon it as a manifestation of disease. Now if these be facts, and it would be difficult, indeed, to controvert them, it is certainly incumbent upon us as a profession to use our influence with school boards and parents to prevent our children from "injudiciously employing their far sighted eyes in gazing too early, too often and too long upon minute and near objects." We are obliged, of course, to remember the hereditary influence in myopia which it may be quite impossible for us to check, in so far as this element is concerned, for "it is probable that certain distortions in the form of the skull affect the shape of the orbits, and that any marked change in the plane of the orbital walls will have a tendency to modify the form and size of the eyeball."

Dr. Risley of Philadelphia says: "I am of the opinion that the congenital anomalies in the form of the eyeball

*Presidential address read before the South ern California Medical Society, May 2, 1900.

are hereditary rather than myopia itself or any tendency to myopia. The shape of the family skull upon which the family likeness so largely depends is handed down with more uniformity than, possibly, any other anatomical peculiarity."

"I begin my fault-finding with the kindergarten for it is in them that the trouble begins. Children are allowed to start too early in life because, forsooth, they are only playhouses, but above and beyond the early age at which children are allowed to begin as G. Stanley Hall, president of Clarke University, has pointed out, one of the most heinous offenses of the modern kindergarten is against the plain precept of health in this age of marvelous renaissance in school hygiene.

"If a competent inspector were to go through the kindergartens of our large cities and report upon what provisions were made against contagious diseases; upon how many scholars used the same drinking cup, soap, towel; upon the condition and mode of use of toilet rooms; upon the percentage of window to floor space; upon the provisions for regulating temperature; upon ventilation and draft; upon the hygiene of the nose, ears, teeth and upon the nerves; upon the matter and manner of lunches, as to what influence the kindergartens exert upon the home diet; upon signs of fatigue and of the automatisms seen and often developed; on the effect of the preparation for Christmas and New Year's; upon sleep and health generally; upon the amount of room space per scholar, etc., the results would, I believe, be shown to be sadder in the kindergarten than in any other grade of educational work today.

"The lack of official inspection, the convenience and ease of the teacher and the limited means with which many kindergartens are conducted, and we must add, the too absorbing devotion to speculative theory are responsible for this neglect."

Huxley says: "The order of education should be, first, physical; second, instruction in domestic economy; third, moral science; and fourth, intellectual." In carrying out this idea we must remember that Froebel believed "the child should live out of doors; that every child should have a flower bed, and he emphasized the need of abundant and healthful activity and understood the hygienic necessities of leisure. Every child must have this abundance and he must be protected and shielded from the activities of the business world so that nature and heredity can get in their work. Quiet, rest, sleep, lethargy and, above all, day-dreaming are essential and he must have strong cause who would interfere with nature's operations."

Every school would be provided with certain well-known and simple tests of vision and some one teacher, preferably the principal, in each school should be acquainted with the methods of testing vision, and no child of any age in any school whose vision in either eye alone is less than 6-9 should receive instruction before having been sent to an oculist and his permission secured; and no child who has defective vision uncorrected should be allowed to use his eyes for any kind of close work before he is 8 to 10 years of age. As Dr. Casey Wood says, "in the kindergarten the child should be taught only those things that demand the minimum employment of accommodation for near work. Froebel's gifts are sufficiently numerous and varied to enable both teacher and children to pass happy and profitable hours without damaging the precious inheritance of vision and without inflicting defective eyes upon generations yet unborn."

Prof. Hall says the body must be strengthened; the activities should involve more body movement and the strain upon the hand and eye should be reduced. The very high educational value of dancing should be exploited;

it cadences the entire soul as almost nothing else. Building should be done with much larger blocks. Catching, throwing and lifting, plays and games should be selected from Mr. Johnson's or some other convenient repertory. Imitation or "do as I do" activities should have a larger place. Bean-bags, and if there were room, perhaps the hoop, the jumping rope and the kite might have some place.

Certainly the doll, with all its immense educational power, should be carefully introduced. Much might be said in favor of the color-top, peg-board, soap-bubbles and such old plays as jack-straws and knuckle-bones. All possible contact with animate life should be carefully experimented with, always remembering that the child's interest in animals culminates before that in flowers or trees, and that the latter reaches its apex before interest in inanimate things. Each of these things and hundreds of others could train the mind just as well as the things that are used. The curriculum could be just as progressive and the motor elements of education just as emphatic.

The kindergarten should do more for language, not only for the voice in training to speak freely and well, but for the vocabulary, for this is the nascent period, when, if ever, the foundations are laid for pure idiomatic English. It is important that the teacher's voice be attractive, well modulated, her words well chosen, her English correct, her linguistic resources ample and fertile; but still more important is it that the child be here taught expression. Everything that is done or seen should be reflected in language.

Standard stories with myths should be told, and perhaps this ought to stand next to activity. Story-telling ought to be a profession, and kindergarten teachers should be examined in it, and found competent before being allowed to teach.

Music is essential and should be made quite prominent. Songs with action are important here for the development of the voice. There is need in the kindergarten for more sentiment and less sentimentality, a truer conception of the child, not as trailing clouds of glory and faintly understanding everything, but as a lovely little animal, full of helplessness and incapacity, but also of boundless potentialities.

Some kinds of instruction are in their nature unsuited for infant eyes; they ought not, certainly, to be allowed to engage in any kind of drawing because the tendency always is, as with grown-up folk, to indulge more and more in elaborate designs. There are many occupations practiced and recommended in various text books on kindergarten which any careful observer would quickly eliminate as palpably inimical to the eyesight of the child. There are perforated cards, embossing, fine sewing, drawing in all its forms and phases, most kinds of paper interlacing intricate paper cutting and folding, peas work, clay modeling, chain making (except where the links are very large) bead stringing, etc. No matter how little these occupations may be used they are almost certain to damage the eyes of the kindergarten children.

I do not wish to tire you with a lengthy paper, but this subject could be carried out great length; however, I think that I have mentioned enough to indicate the desirability of physicians having a more thorough knowledge, and taking a guiding hand in kindergarten as well as other educational work.

In closing allow me to review a few points which, in my opinion, should be advocated for the betterment of the physical condition of the child and the prevention, in so far as possible, of a degenerate race.

No child under any circumstances should be allowed to enter kindergarten work before a careful physical examin-

ation has been made of that child and particularly in regard to his eyes, and these examinations should be made by competent physicians and oculists. After school work has been begun a preliminary examination of the eyesight of every child should be made every year by the principal of the school and all those whose vision is less than 6-9 should be referred for further examination to an oculist.

With children myopically inclined early education should be religiously neglected and everything done to improve the physical condition. The myopic eye is often a strong eye, capable of performing much work at short range. We have only spoken in the paper so far of the myopic eye, but the hypermetropic eye or astigmatic eye possesses qualities quite opposite, viz., comparative ease in distant work but great inconvenience for close work. Youths with such eyes suffer from various symptoms such as headache, eye tire, etc., generally classed under one term, asthenopia, and which have their principal origin in the over-taxed ciliary muscle; they go to school but take no interest in their studies, they are called idle because they give so little attention to their books; they are classed as stupid because they seldom know their lessons; they are thought to be fault-finding because they frequently have headaches; they tax the patience of both teacher and parent whose wonder is excited when the same idle, stupid, complaining child is transformed into a wide-awake, industrious, active, healthy student by the aid of a properly adjusted pair of spectacles. This is an experience common to every teacher and oculist and the frequency of its occurrence should be an incentive to active efforts for relief on the part of those from whence relief must come.

An important matter of this nature cannot, with safety, be left to the laity to settle, for the laity is frequently ignorant, careless and impecunious.

Remember that eye strain in children, uncorrected, means neurasthenia later. We may not be able to completely check the development of myopia because we have not the child under control at all times, but the better our school hygiene is in regard to light, floor space, arrangement of blackboards, arrangement of seats and desks, of the care that we take in regard to continuous close work the greater the tendency towards diminishing myopia. Although we cannot control the home life and work of the pupils, instruction should be given that ought to tend towards a more healthful condition of affairs in many homes.

A great percentage of school children quit school between ten and twelve years of age, and it cannot be because they go out as wage earners; it is largely due to the fact of their inability to keep up their school work, and in this inability eye strain is an important factor.

Remember all infants are born hypermetropic, most of them astigmatic; that from five to fifteen a child has the greatest physical development and through the turn-stile of astigmatism the hypermetropic eye becomes myopic by too great, too constant, and too early application at close work.

I have drawn very largely from the writings of Dr. Casey A. Wood and President G. Stanley Hall, in the preparation of this article. They are both educators of reputation and have devoted much time to child study and child development. I hope that the quotations will stimulate you to a more careful study of their writings.

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APPROPRIATE CASES FOR VASECTOMY.*

BY W. W. HITCHCOCK, M.D., LOS ANGELES, CAL.

Hypertrophy is the most common of all the affections of the prostate. After middle life the prostate has a natural tendency to enlargement and in about 10 per cent. of men over 55 years of age, this enlargement is sufficient to cause inconvenience.

The causes assigned for hypertrophy are as numerous as the writers on the subject but it is fair to assume that excessive functional activity ranks as the most predisposing, similar in this respect to the generative organs of the female. The normal function of the prostate may be summed as follows: The muscular tissue acts as a sphincter for the bladder, the seminal vesicles, and the prostate glands, and also as an expulsor of the urine. The glandular tissues act as a generative organ by virtue of their secretion, and bring about the vivification of the previously motionless spermatozoa. The caput acts as a closer of the urethra posteriorly during coitus, besides it has to do with the acts of erection, ejaculation and the feelings of voluptuousness at the time of the male orgasm. Marking these as the principal functional labors of the prostate, it is not difficult to realize that the human family will be as they ever have been, predisposed to the pathological sequences that follow sure in the wake of excesses.

The prostate is generally enlarged in every direction, but it is not uncommon to find local hypertrophy in the form of separate tumors, like uterine fibromyomata. The increase takes place in the muscular and fibrous elements, the glandular structure remaining, as a rule, unchanged. A general uniform enlargement may produce very little trouble, while the localized hypertrophy or tumor, even when small, may produce serious obstruction.

Two conditions are usually responsible for nearly all the symptoms which mark the course of prostate hypertrophy. First, obstruction to the flow of urine; second, infection of the bladder with pyogenic organisms. Obstruction is generally first noticed by the fact that the stream is diminished in force, and the urethra is not so completely emptied at the end of micturition as in days gone by. Frequency of micturition soon follows and the characteristic which distinguishes it from the same symptoms due to other causes, is that it is worse while the patient is in the recumbent posture. This disturbance at night gradually increases until it becomes such a source of annoyance that medical aid is sought. The physician upon examination finds that the bladder has lost its tone, and is unable to expel the urine with wonted force; the stream being sluggish and falling almost directly down scarcely clearing the patient's feet. The time comes when the bladder fails completely to empty itself, and if immediately after urination a catheter be introduced, several ounces of residual urine can be withdrawn. This residual urine which the patient is unable to expel becomes infected, a cystitis due to pyogenic bacteria accrues, the urine is filled with mucus, is alkaline ammoniacal, foul smelling and bloody.

The effect of enlarged prostate upon the sexual function is often marked, leading to troublesome priapism, and to abnormal sexual desires, even in very old men.

Dr. Harrison of London, observing the success of castration upon prostatic enlargement, suggested that the same result might follow selected cases by division or ligation of the vasa-deferentia, thus severing the connection between the testicle and the prostate gland.

*Read before the Southern California Medical Society, May 2, 1900.

Harrison tried the operation in twelve cases and found it very successful. Since these, favorable reports from several American and German surgeons followed. The principle of these cures, as well as those produced by castration to some extent as yet are obscure. In some cases the enlarged prostate seems to obstruct its own efferent duct, so that the fluids from the testes are returned under pressure, dilating slowly but immensely the whole organ with a sort of prostatic edema. It has been suggested that the division of the vasa-deferentia may cut off the supply of these fluids and thus allow the gland to subside. On the other hand, by severing the vas, the seminal ducts are allowed to remain empty, thus relieving the bladder and prostate from the encroachment their distension would necessarily produce.

My experience in selecting cases for division of the vasa-deferentia has been that where the prostate is large, soft, boggy, with sexual excitement in the aged, with distended vesiculae seminales, division of the vasa offers great hope of cure. Besides its simplicity, low morality would certainly suggest its trial before

more radical measures are instituted. The operation is done after preparing the surgeon and patient antiseptically, until they are aseptic, in the following manner: An incision is made over the spermatic cord below the external inguinal ring, somewhat down on the anterior upper surface of the scrotal tissue, making an incision one-half inch in length to the cord. The vas deferens is seized, stripped and lifted out with blunt hook, or what is preferable, the fingers. A strong silk ligature is put around the hook, this cut away, the strmp dropped back and wound closed.

The operation has the merit of being safer than castration and less abhorrent to the feelings against the sacrifice of the testes. Like castration it is not applicable to those cases where it is necessary to search the interior of the bladder for fungous and malignant growths and for suspected hidden calculus which cannot be located by the sound. As the risk of vasodectomy is practically nothing, it can be first used, and if it fails, one of the other more radical operations can be resorted to.

INTESTINAL ANTISEPSIS BY MEANS OF CHLORINE WATER IN TYPHOID FEVER.*

BY O. D. FITZGERALD, M.D., LOS ANGELES, CAL.

The treatment of typhoid fever has undergone a great change in the last fifty years, yes, in the last quarter of a century, I may say. Throughout the ages of the past, the treatment of typhoid fever has been almost a failure. The text-books on practice by Flint, Harts-horne, Bartholow, Osler, Ziemessen, Neimeyer, Aitkin, and others, assert that positive remedies in the treatment of typhoid, are unknown. Many treatments and methods have been brought

before the profession, have had their supporters, been tried and found wanting, and some gone into history as of little value.

Good theories have been brought before us. Osler and Wood say: "We are still without an agent which can counteract the poisons that develop in typhoid." Numerous writers claim that it is impossible to cut short an attack in any degree. The old theory that typhoid must run its accustomed course

*Read before the Los Angeles County Medical Society, Feb. 9, 1900. Also by request, before the Los Angeles Academy of Medicine, March 9, 1900.

of four to six weeks' duration, gives but little encouragement to the public!

What folly to argue that because no one ever has cured typhoid fever, no one can. How senseless it is to ask the profession to accept as immutable law that this fever cannot be cured.

It is conceded by nearly every physician, today, that the typhoid bacillus enters the body through the mouth in most cases, and that the principal lesions consist in inflammation of the intestinal glands. And that the bacillus is found in great numbers in the stools, shows conclusively that the seat of war against the disease should be the intestinal canal, where the enemy's intrenchments and fortifications are located, and the object of our medication should be to break up the colonies of the bacillus of Eberth, and the bacterium coli commune, and to get rid of ptomaines, and other saprophytes. There is no objection to internal medication, based upon the fact that the bacillus has been found in the blood and other portions of the body. However, it has been demonstrated that the breeding ground of the typhoid germ is the intestine, particularly in the immediate vicinage of the glandulae solitariae, or the agminated glands of Peyer, deep down in the lower third of the ileum.

Unaided by the microscope, the diagnosis of typhoid is not easily made during the first few days, in a majority of cases; and the typical cases mentioned in the text-books, we often do not find at all; and we were taught to look for things we could not find, and found things we did not look for. I do not believe in the so-called mixed types of this fever, the typho-malarial, of the late Surgeon-General J. J. Woodward, U. S. A. In his published remarks on this disease, called from its origination, the Chickahominy fever, and regarded by him and Hartshorn, as the result of a three-fold causation; the elements of which were, malarial influence, crowd poison, and scorbutic taint. Neither do I believe that one kind of fever will

merge into another; I say this with all due regard for gentlemen who do believe them.

To make my meaning plainer I quote from a paper on "The Continued Fevers of the South," read by Johnston before the American Medical Association, in the Medical News, June, 14, '91, in which he thus summarizes the conclusions at which he has arrived: "(1) Enteric fever is a rare disease in the South, in a typical or intense form; (2) there is a probable change going on in the type of enteric fever, it is losing its typical character, and is assuming a less typical and milder form; (3) many cases of mild continued fever, which have no well-defined or characteristic symptoms, are cases of mild enteric fever; (4) while malarial continued fevers are found in the South, many so-called cases of 'adynamic malarial fever,' 'remittent fever,' etc., are in reality, cases of enteric fever; (5); there is no good reason to believe that there is such a disease as typho-malarial fever."

If a fever is typhoid in the finish, it is typhoid in the start; and nine-tenths of the so-called typho-malarial fever cases are purely typhoid. The two disease-producing germs have never yet been found in an active stage inhabiting the human body, at the same time, and that is what would have to occur in order to develop a mixed type of fever. I have heard quite a good deal in time past, about malarial fever running into typhoid.

According to that theory, the two germs would have to be present at the same time. The malarial parasite would have to work on the patient a week or ten days, and then turn the business over to the typhoid germ, which had been an equal, but silent partner from the beginning. It does not seem to be reasonable, that one germ will rest while the other works. You never heard about measles running into smallpox. Then how can malarial run into typhoid! Concinnous with these statements, I may say that my experience in the

treatment of typhoid has been so satisfactory, both to myself, and to my patients that I deem it a duty to contribute my testimony to what has already been written on the subject of the antiseptic treatment of typhoid fever.

When in 1870, I began practice I attempted to treat typhoid cases according to the text-books and my college instructions. It is needless to state that my cases became "typical" ones, developing all that frightful train of symptoms seen under the old lines of treatment. All ran a long course, the fever never stopping short of 21 days, and oftener 28 days, or longer; and in many cases, convalescence was never established, the termination being death.

It was some six years ago, that I read an abstract from the London Lancet, by Dr. Yeo in which he commended the employment of chlorine water, as an intestinal disinfectant in typhoid fever, giving the following formula for its preparation. "Forty minims of strong hydrochloric acid, are introduced into a 12-ounce bottle, containing 30 grains of potassium chlorate. Chlorine gas is at once liberated. The bottle should be tightly corked from the first. After it has become filled with the greenish-yellow gas, pure water is poured into the bottle, little by little, shaking well after each addition until the bottle is filled." To disguise the acridness of the chlorine, one ounce of syrup of orange peel may be added, if desired.

Of this mixture, one to two tablespoonfuls may be given, in a little water every two, three or four hours, according to indications. I will say that the odor of the chlorine, is often detected in the breath and exhalation from the skin, where the medicine has been faithfully given for a few hours; indeed, this should be a desirable manifestation of its therapeutical action. A number of illustrative cases are reported by Dr. Yeo, exemplifying this, as well its beneficial effects upon the duration of the disease.

Should it be desirable, in any given case, there may be added to this solution 24 to 36 grains of the muriate of quinine; although I have about discarded quinine altogether, in typhoid fever. I believe that little else is needed, where this chlorine has been faithfully given. However, in certain cases it is well to give strychnine, digitalis, (preferably, the pulv. ext. of the leaf.) For the insomnia, when extreme, codeine will be of benefit.

I studied well the use of the chlorine water and during the past few years, have made it my standby to secure intestinal antisepsis. I endeavor to give it in full doses, as before indicated, night and day from the first, right on until the temperature falls to normal and remains stationary. The good effects are quite manifest in rendering the stools odorless.

The bowels must be first freely moved by means of calomel in small, oft repeated doses, followed by a saline laxative if necessary. Give calomel, diarrhea or no diarrhea; if no diarrhea, to prevent it; if diarrhea, to cure it.

It should be always given at any stage for the diarrhea which has the typhoid stool, but be observant enough to know when you have the action of your medicine, and do not confound the free action from calomel with diarrhea; or the diarrhea with the action of the calomel. When these results are secured the patient is invariably much more comfortable; temperature falls from one to three degrees, the tongue begins to clean, appetite returns, headache, and general aching are relieved, delirium, if present dissappears, the condition of bowels becomes much improved, tympanities is not marked, and hemorrhage very seldom occurs. "What is the effect of this combined treatment"? one may ask. In four days, usually, but scarcely ever later than the end of a week, the fever is lessened, the patient comfortable, the pulse full and not over fast, no tympanites, the skin and tongue moist, he sleeps well at night, is not

sick; you would scarcely know he had fever if you did not use the thermometer. He goes in in this same way to the tenth, twelfth, fourteenth, sixteenth, and sometimes to the twenty-first day, but rarely so long, and is free from fever, is convalescent. This usually occurs about the eleventh to the sixteenth day.

But some other measures are to be mentioned. All the water the patient wants, all the tea, or coffee he may wish to have, should be given. Sponging the surface every two to four hours, with tepid water, to which a little vinegar may be added, will prove very agreeable to the patient. If fever is very high—which is rarely the case, under above treatment—when at its hyper-pyrexia, cold water may be used instead, if more agreeable to the patient. The higher the fever, the more sponging is necessary; it always helps the patient, if done in a manner not to disturb too much; rest is the all important consideration, in these cases, as well as all asthenic diseases. Do not give food, at first, unless the patient desires it. As a rule he needs no food until we have eliminated from his blood, tissues, and urine, the toxins. It is useless, more than useless, it is injurious, to give food during the first week of the disease; besides all this, it is unphysiological. The patient is living upon himself. Let him live that way. It is nature's way, and don't burden him with material which further disorders the digestive, assimilative, and excretory powers. Nothing is gained, but a great deal is lost, and what is the sense in forcing food on a patient who loathes the very sight of it? Nature never speaks in louder tones than she does in this way, but we do not listen, we are governed by an idea, a theory, and we insist on carrying it out. I am sure that I have time and again, seen more diarrhea and more fever produced by improper use of food, at an improper time; and the rule should be, very little food during the first eight

or ten days, as there can be no doubt, from observation, that the patient is better off without, and will become convalescent sooner.

I am sure that all will agree with me when I make the statement, that no patient has been treated exactly right, who has or continues to have, tympanitic bowels. It is the worst symptom, aside from events like hemorrhage, or perforation, that the patient can possibly have, even if the tympanites is only moderate, and especially if very great. Nearly every patient that dies has typanites, has had it nearly all, if not all the time, during the attack! Why is a bad symptom a dangerous symptom? some may ask. Because it greatly lowers the powers of life. The pulse gets weak and quick, the patient is restless, cannot sleep; delirium and other unfavorable symptoms, supervene. What are the causes that bring about this condition? Continual typhoid stools, intoxication from same, lessening of the powers of the whole nervous system, but especially in the great sympathetic system. Gas is generated in the bowels, distension arises for want of muscular power from the resultant innervation, until the muscular coat of the bowels is unable to contract, and peritonitis, from the escape of this toxic gas, through the wall of the bowel, into the peritoneal cavity, with death therefrom in almost every case! This is no fancy sketch; we have all seen it take place dozens of times, in all probability. If, unfortunately, we should have this condition, what is to be done? Continued small doses of calomel, with possibly salol, frequently repeated, and large doses of strychnine; also a stupe of equal parts of turpentine and camphorated oil, to the abdomen. This will very likely overcome it, if it has not gone to that stage when too great distention has taken place, or peritonitis has supervened.

After the tenth day, it is usually well to give some mild tonic, combined with

strychnine, and continue the same, up to and during convalescence.

It has been suggested by some writers, that the white blood corpuscles should be nourished, so that the body-cells will have power to resist the action of the invading germs, and that this can be done by giving proto-nuclein. I have only tried this once in a very severe attack in a lady of 25 years, and complicated with loathing of food and pronounced dyspepsia. I gave proto-nuclein, and pepten-zyme about every two to four hours after feeding and with decided benefit. This being my first experience with it in typhoid, although seemingly beneficial, a more extended trial is necessary to enable me to confidently recommend its use. All will agree with me that any given remedy may seem good, theoretically, when a practical test at the bed-side proves it to be an utter failure. As Dr. Chapin used to say, "One sparrow does not make a summer." The dishes used by the patient should not be washed with those used by other members of the family. The mouth should be washed out after each feeding, and the teeth kept clean. Often the delirious patient, who has been unmindful of his surroundings, will look up into the nurse's face with a grateful smile of appreciation after she has rinsed his mouth with warm vinegar-water. The stools and other dejections should be received in a vessel containing a solution of chloride of lime, or sulphate of iron, and immediately emptied into a pit two feet deep, dug in some out-of-the-way place, and each discharge covered with lime. This sink must be covered with something to keep the flies out. I may say in passing, that flies and other insects are more frequently carriers of the germs of infection than many are aware of. Often many cases of obscure infection may be accounted for in this way. This remark applies to all zymotic diseases. I mention the emptying of the dejec-

tions into the water-closet basin, only to condemn it.

Don't use a bed pan. Do not let that bugbear, perforation, scare you out of your wits. It does not often occur. I have seldom experienced any bad results from it (getting up.) It helps the patient to get up, gives him an airing, changes his position, and he feels better afterward. It arouses his vital energies, and is a factor in preventing his getting into that dormant state which is frequently met with in typhoid, especially under the régime of medication.

As stated before, the administration of food begins after the sixth, eighth or tenth day, the first choice is milk, or good, fresh buttermilk, or it is well to use koumiss in certain cases. Use fruit juices from the first to last. The patient will often relish some kind of fruit juice even at the first. It is not a food in one sense, but everyone knows its beneficial influence in sickness or health. It does not damage the stomach or bowels; it refreshes, makes the stomach better, and helps the patient in ways that we know nothing about, physiologically.

Now as to results. I have not lost a single case of typhoid fever, since using this line of treatment, and that time covers a period of about six years. The fever seldom lasts over twelve to fourteen days, often less. Majority of my patients want to eat, are difficult to keep in bed, convalescence is short and rapid. Certainly all my cases have not been unusually mild, for all around me have been deaths from this disease, in the hands of those who still adhere to the old methods.

The most certain agents which I possess are these remedies above mentioned. In treating this much dreaded disease, I have advanced no new ideas—excepting it may be in the manner of preparing and administering the Aq. Chlorinii, which differs from the formula given in

the dispensary; and it can be put up at once, by anyone, at short notice, who has the necessary ingredients. In country practice, and where the patient is remote from a drug store, it is well to have the nurse prepare it, furnishing her the chlorate in 30-grain packages, and the acid in a properly stoppered vial.

I have purposely left unnoticed, excepting incidentally, other lines of treatment in this malady, such as Balneotherapeutics, or the Brand method. The Woodbury treatment, and a few others. Frankly, I may say that the so-called Woodbury is the more scientific, inasmuch as the object aimed at is antiseptic, from start to finish, and is quite on a line with the Chlorine-Water treatment. I beg to say that the hydrotherapy, as advised by the so-called Brand method, is very good indeed, but has an objectionable feature; that the disturbance, consequent to the oft putting the patient in the bath tub, is very exhausting and annoying; furthermore, this procedure does not cure the disease, it simply reduces the accumulated heat and its deleterious influence upon the brain, and through the brain upon the organism, and so, when we must get rid of this heat by conduction, we adopt a course which not only gives the greatest results in the shortest time, but it is a course that is sustained by the very best philosophy. I heartily indorse the Brand method, as to the patient is an objection of importance, and to obviate this feature, it has been thought proper to quote in substance an article written by Dr. Charles C. Booth, Attending Surgeon of the Mahoning Valley Hospital, Youngstown, Ohio. (*Philadelphia Med. Jour.*, Dec. 9, 1899.)

"During the past winter I was one of the many unfortunate sufferers from rheumatism, and during the month of April, while convalescent, I noticed that certain conditions of the weather affected me. Being desirous of knowing

the condition of the atmosphere on such occasions, and we not having a Weather Bureau Station in our city, I purchased a few meteorologic instruments, among them a wet- and dry-bulb hygrometer. On observing the depression of the wet bulb, caused by the evaporation of the water from the gauze, which is applied tightly to the bulb containing mercury, the idea came to me of applying this scientific principle to a fever patient, who was suffering from persistent high temperature. After looking up all available authorities on hydro-therapeutics, I was unable to find this principle applied in this manner for the reduction of temperature of the human body, therefore, at my first opportunity, gave it a trial.

"The first case on which it was tried was a case of typhoid fever, with persistent high temperature. The patient had been sick about ten days, and the temperature ranged from 103 to 104. She was delirious, very weak, pulse 140, and with all the symptoms of extreme prostration. I directed the nurse who had the case in charge to strip the patient entirely of all clothing, and to place beneath her a rubber sheet, and over her one thickness of a piece of ordinary cheese-cloth, two yards long and the usual width, one end having been split the necessary distance, so that each leg could be covered separately, and the balance of the cloth applied to the abdomen and chest, using separate pieces for each arm. The weather being warm, the doors and windows were opened and the patient was properly screened from observation, I directed her to use the water at about the temperature of the body, squeezed from a sponge over the entire anterior surface of the body, therefore securing practically the same arrangement as the wet-bulb thermometer, the water causing the cloth to fit skin-tight, and to wet the gauze freely as often as necessary to supply the water for evaporation. She found it necessary to do so about two

to three times an hour. First application, August 6, 11 a.m., temperature 103; 12 m., temperature 100; 1 p.m., 99; 2 p.m., 98; patient complained of being cold, and the gauze was removed and the patient covered up. This was a reduction of five degrees in three hours without shock.

"Third application, 10:30 p.m., temperature 104. Reduction of three degrees in one hour.

"Fourth application, August 7, 7:30 a.m., temperature 103. The gauze was moistened occasionally until 1 p.m., when the temperature was found to be 98.5. The gauze was moistened three times.

"The gauze was not applied on the 9th, and 10th at all, as the temperature did not reach above 101.5.

"On August 11th, 8 p.m., the temperature was 104. The gauze was moistened, and at 9 p.m., the temperature was 104; at 10 p.m., 103; at 11 p.m., 103.

"In this application, that the result was not favorable was because of the fact that the per cent. of relative humidity was 100, consequently there was no evaporation. The gauze was not applied again until 3 p.m., August 13th, when the temperature was 103. At 6 p.m., it was 101, having gradually fallen.

"The sixth application was made on August 14 at 5 p.m., the temperature being 104. At 8 p.m. it was 101.

"This was the last application found necessary to be made in this case. From the beginning of my method, the pulse, nervous system, temperature, strength, in fact, every symptom, rapidly improved, and the case went on to complete recovery." It would seem from this report the fever ran 16 days. All that is the treatment. As one can see, it is more convenient, more easily applied, less dangerous, cheaper and pleasanter to the patient; warm or hot water being used, than any other method that I have known of having been put into practice; anyone who can read a thermometer being competent to carry out

the treatment. As one can see, it is based upon the old scientific instrument—the hygrometer; is not a theory. Our personal experience with it in somewhat of a modified form, is that its action is practically certain, and not unpleasant to the patient, as is the present local treatment—that of Brand, for the reduction of high body temperature. There is nothing claimed for this form of hydro-therapy, excepting the reduction of temperature when too great, which, as all know, is followed by an improvement in the alarming symptoms that had been caused thereby. It is also claimed that by its use the development of grave symptoms is prevented, and that it reduces the temperature so gradually that there is a minimum of shock. Let us remember that the patient is sick of a disease which need not kill, but something grows out of it which does kill! The fact is that most people who die (except from old age and injuries) burn to death, and in many instances, we have permitted our patients to burn to death, while we had been looking for the cause of the fire! By no means do not overlook the fever, but at same time keep the patient cool, thus allowing your remedies a better chance to eradicate the disease. It is well, indeed, to be diligent in the use of the cooling bath in some form or other, as may be indicated in excessively high temperature, yet at the same time, allow me to emphasize the importance of pushing intestinal antiseptics, from the very beginning, until the pyrexia is over-passed.

If, following this method of treatment, limiting ourselves to any well-established system of intestinal antiseptics, we arrest an attack of typhoid in the first or second week of the malady, where the presence of Eberth's bacillus is well authenticated by bacteriologic tests, as has been often done; then we can claim that we have aborted typhoid fever, a feat that was never performed before, and we prove that typhoid is no

longer a "self-limited disease," which has to run a well mapped-out course. I submit the query, "Why should not a combination of antiseptics, carried through the alimentary canal by purgatives, be the destroyer of the bacillus of typhoid fever?" There is no doubt in the minds of all physicians who have treated many cases of the disease, that the principal indication in typhoid is early antisepsis of the gastro-intestinal tract, as our pathology shows that the disease processes have their origin there. As remarked above, any of the various germicides of acknowledged merit are good for that purpose, but, personally, I decidedly prefer the chlorine-water, given liberally, and with the calomel in one-tenth-grain doses every two to four hours as an adjuvant. After an experience of over six years in the use of this chlorine treatment, I will say that

it is usually unnecessary to resort to the abstraction of body-heat by any local means whatsoever; the temperature does not run high, and seldom lasts over twelve to sixteen days, often less.

In closing, allow me to caution against poly-pharmacy. Spare your medicine, and thus protect your patient. It was Majendie, I believe, who once remarked: "That the difference between a first-class physician, and none, is very little, but that the difference between a poor physician, and none, is very great!" While not entirely in accord with his dictum, I must confess it is suggestive. This recalls an aphorism of Dujardin-Beaumetx: "*Le meilleur traitement de la fièvre typhoïde, est un bon médecin.*" Which in plain words, as I understand it, means: "The best treatment of typhoid fever is a good doctor."

Douglas Building.

A CASE OF COLOCYNTH POISONING.

BY J. LEE HAGADORN, M D., LOS ANGELES, CAL.

A woman, believing herself pregnant, purchased a quantity of "Bitter Apple" of a druggist, and, putting it into a quart jar, poured upon it a pint of gin. This she allowed to stand 24 hours and drank nearly the entire amount of the supernatant liquor during one day. The writer saw the case at 9 p.m. of that day. The patient was a large woman of about 45 years. She presented the appearance of one suffering from apoplexy. She was unconscious, breathing noisily, her face congested, with pupils dilated and conjunctiva injected.

At first it was thought she was simply drunk, but upon investigation it was found that she was having frequent bloody stools and passing large amounts of bloody urine.

Her body was rigid, and bloody froth exuded from between her tightly closed teeth. No history whatever was obtainable. Apomorphia hypodermically, quickly relaxed her and produced

emesis. The ejected matter had the faint odor of gin.

The stomach was now washed out and a hypodermic of atropine given. The next morning the condition was unchanged. She was rigid at times and had numerous bloody evacuations, and the urine was now smoky and almost pure blood, indicating hemorrhage from both kidneys and bladder. She had uterine hemorrhages of a bright color. The patient, while not entirely unconscious, would give no intelligent answer, but a thorough search of the house disclosed the cause of the trouble. On the top shelf of the pantry was found a fruit jar containing the "Bitter Apple" and two or three ounces of gin.

The woman was now forced to take large quantities of hot water at intervals, and full doses of powdered opium with bismuth were given every three hours. The symptoms were not relieved. The next day she was able to

talk a little and confessed the whole business. She suffered with gastro-enteric pain, vomiting and hemorrhages

from mucous surfaces for over a week. Examination revealed the fact that she was not pregnant.

SELECTED.

DEPARTMENT OF MEDICINE

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, AND J. LEE HAGADORN, M.D.

DRUGS IN CARDIAC INSUFFICIENCY.—Dr. O. T. Osborne insists that it is useless to administer drugs by the stomach in acute cardiac insufficiency, for there is no absorption, even though vomiting is absent. Spontaneous "cure" may occur (1) if the patient has strong enough will-power to prevent nervous excitation. Mental irritation of the heart with the peripheral spasm of the blood vessels, is avoided, and the heart again quiets down. (2) Exhaustion from respiratory effort with cerebral hyperemia, causes a dulling of mental power and consequent removal of nervous excitation, thus the heart quiets down. Morphine, hypodermatically, is the best drug but it may impair respiration and death follows. Atropine should be added in small amount. Vaso-constriction requires nitroglycerin, not more than 1-200 [?] of a grain, hypodermatically, or tablets on the tongue every fifteen minutes till frontal throbbing results. This, combined with a hot foot bath will often obviate necessity for venesection. If following the primary acute insufficiency there is dilatation, edema, and passive congestion, digitalis is indicated the dose depending on the valvular lesion. In aortic lesions the pulse-rate should not be reduced below 80 and nitroglycerin is also given to diminish peripheral resistance. In mitral stenosis, slowing the heart to fifty or sixty beats is often of value. When digitalis is used (digitalin, 1-100 to

1-50 grain hypodermatically, being most active,) and heart greatly slowed, the patient must not rise from his prone position until profound effects have passed off. With a full dose this does not occur for twelve hours. Cardiac exhaustion requires strychnine. The dose should be large and not repeated within two hours. Camphor is best given in solution in olive oil, both drugs to be given hypodermatically. In marked cardiac weakness alcohol is dangerous (?) for it secondarily paralyzes the vascular system, increasing cardiac depression. By mouth, it reflexly stimulates the heart. Hypodermatically it should be used only in small quantities (?).

Compensation is best effected in chronic insufficiency by rest in bed and digitalis. When this drug is contraindicated, about fifteen minims of the fluid extract of cactus may be substituted. Cactus is not a vaso-constrictor; it prolongs the diastole, strengthening and steadying the heart. No nausea follows its use, nor does oliguria result. When the two drugs are combined less amounts of digitalis are required, and compensation last longer. Sparteine and caffeine are recommended for a change rather than for serious indications. Reduce or prohibit alcohol, tea and coffee. A weak heart without valvular lesion, if hemorrhage has occurred, is most benefited by saline

infusion. Heat to the extremities and heart, with elevation of the feet and artificial respiration, are invaluable. Ammonia salts, strychnine, atropine and camphor are indicated. Digitalin also if the heart rallies and weakness recurs; also electricity. Digitalin is contraindicated in the true heart failure occurring in disease if the pulse

is slow; champagne and black coffee are valuable. Chronic weak heart without valvular lesion requires strychnine, small doses of digitalis, and cactus. The irritable heart of chronic tobacco poisoning responds best to ample doses of strychnine or cactus, or small doses of digitalis.—*Medicine*, 1899, vol. v. p. 793.

DEPARTMENT OF SURGERY.

CAUSES, DIAGNOSIS AND TREATMENT OF CYSTITIS.—In the *Medical News* of April 7, 1900, appears a complete and comprehensive article with above title by Dr. Ramon Guiteras.

"In the treatment of tubercular cystitis, the practitioner encounters a condition that taxes all the resources at his command and he errs, as a rule, on the side of too much rather than too little treatment. In other words, it often happens that the more you treat the patient locally for his cystitis, the worse the condition becomes. It is, therefore, necessary to proceed cautiously in the treatment of this form of bladder inflammation and, above all, it is important to improve the general condition of the patient as much as possible. If we were to treat patients suffering from tubercular cystitis along the same lines as pulmonary cases, namely, by sending them away to lead an open-air life under conditions that would improve their nutrition to the utmost, the condition would be much more rapidly improved or cured than by anything that could be done by the ablest specialist of the period.

Numerous remedies have been recommended. Guyon at one time advocated the use of intravesical injections of bichloride of mercury, 1 to 10,000 and since then many have been following his advice, but such a solution will rarely cure this disease, while it usually

produces an irritation that is almost unbearable.

Nitrate of silver and permanganate of potassium have the same effect. Boric acid and boro-glycerine irritate less, but do not seem to possess the power to ameliorate the disease. Recently iodoform injections have been advocated, and the procedure would seem to be founded on a logical basis. Three or four ounces of a five-per-cent. solution of iodoform in liquid vaseline are injected into the bladder every two or three days, the patient being instructed to watch the stream when he urinates and stop the flow just as soon as the oil appears. This forms a permanent iodoform dressing of the bladder-wall, and in the hands of some of the French surgeons is said to have met with gratifying results.

Personally, I have had better results with boro-lyptol in this class of cases than with any other remedy which I have employed. This seems to have a powerful germicidal effect, while the fact that it does not irritate the bladder renders it pleasant to the patient. It is used in the strength of from 1 to 8 to 1 in 16 in irrigations by the hydrostatic method. After a few irrigations at the office, the patient will be able to use it every night at home. I have one patient now under observation who suffered for a number of years from a most aggravating frequency of urination accompanied by pain, dependent

upon a tubercular cystitis. Under this treatment the urine has cleared up, the tubercle bacilli have disappeared and the patient can hold his urine from seven to nine hours at night and from four to six hours during the day.

Internally in connection with any local treatment, and antispasmodic and internal antiseptic should be used as a palliative measure; it is wonderful how much relief may be given to the patient by this means, even although pus remains in the urine and the tubercle bacilli still be found. One patient has been coming to me for three months who was entirely relieved of his disagreeable subjective symptoms by a mixture containing 10 minims oil of gaultheria up to one drachm, t.i.d., although not until he was put on the borolyptol irrigation, did the pus and tubercle bacilli in the urine diminish to any marked degree.

MERCUROL IN THE TREATMENT OF GONORRHEA.—At a meeting of the Genito-Urinary Section of the New York Academy of Medicine held on the 21st of March, Dr. Fred C. Valentine reported a case of acute gonorrhea treated by mercuriol irrigations. The patient was an American, aged 32, married the secretary of a corporation and was unusually anxious to get well with as little loss of time as possible. He had had several previous gonorrheas resulting in stricture. On January 21, last, while inebriated he had coitus extra domum. Three days afterwards he found a free yellowish discharge, with the usual pain on urination. He at once put himself under treatment, and for ten days was irrigated regularly with mercuriol for a part of the time twice a day. Discharge was reduced from a free yellow flow to a slight pinhead drop by the first irrigation of mercuriol, 5 per cent. and the urine became clear. Microscopic examination of a specimen of the discharge which was taken on the first day, showed numerous gonococci charac-

teristically grouped in pus cells. Two days later after the fifth irrigation, the gonococci were found to have disappeared. A burning sensation was experienced after the irrigations but the strength of the solutions being reduced, the pain, gradually became less and ultimately ceased. While he did not present the case as absolute proof of the applicability of mercuriol as a gonococcicide he thought the results obtained were sufficiently satisfactory to warrant further tests. The preparation, he added, was a new one prepared by Dr. Karl Schwickerath of Detroit.

Dr. Ramon Guiteras said mercuriol was being used at the New York Post-Graduate Hospital. The treatment was less drastic than that described by the reader of the paper, the custom at the institution referred to being to commence with small dosages and gradually increase their strength, especially when new preparations were being experimented with. In the case of mercuriol they had commenced with as mild a solution as one-half per cent. and finding favorable though rather slow results, they had gradually increased it, until now a solution of 2 per cent. was given to all patients who presented themselves at a clinic devoted exclusively to this mode of treatment of which Dr. Otis K. Newell has special charge. He (Dr. Guiteras) was not sanguine about the discovery of a germicide which would cure gonorrhea in the brief time their unprofessional brethren with their remedies claimed to be able to do, but on the other hand he did not wish to be regarded as a pessimist, and if mercuriol proved to be as much of an improvement on protargol and argonin as they had done on permanganate and nitrate of silver it proved at all events that they were progressing along the correct lines.

Further reports of experiments in progress with mercuriol are to be given at future meetings.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND ROSE TALBOTT BULLARD, M.D.

AMPUTATION OF CERVIX.—British Medical Journal quotes from a recent paper by Dr. H. P. Newman, Professor of Gynecology in the Chicago Post Graduate Medical School, saying: He states that the operation of trachelorrhaphy has been in vogue twenty-five years, but of late years it has been replaced by amputation of the cervix and modeling of the cervix. Emmet now says that with a few exceptions amputation is the better plan. Newman says he has developed a new method of operating. The indications for amputation are malignant disease, enlargement and hyperplasia of the cervix, conical cervix, incurable laceration, chronic metritis and cervicitis, uterine displacements, congenital elongation and cervical stenosis. Cervical stenosis is the bottom of much pelvic pathology. The technic of the operation is as follows: After the usual preparatory treatment the patient is placed in the Sims or lithotomy position, the cervix drawn down and the uterus curetted. The bullet forceps are then reversed and introduced into the cervix, and traction made from within. The cervix is next transixed with a knife, and a clean cut made from above downward in the anterior lip. The posterior lip is transixed and cut in a similar manner, and the plug of intervening tissue removed with curved scissors. If the lips have been properly made they fall together and cover the portion removed, assuming the appearance of the normal cervix. Sutures are then introduced in four groups, anterior, posterior and lateral. A tampon is introduced and retained for twelve days. The sutures are removed in two weeks. Newman proposes the name of "trachel-

oplasty" for the operation as a more descriptive name than trachelorrhaphy or amputation of the cervix.

WARMTH AND CLEANLINESS.

As a general rule, for persons sixty-five years of age and upwards, the temperature of the bedroom should not be below 60 deg., and when there are symptoms of bronchitis it should be raised 5 to 10 deg. higher. Attention to cleanliness is decidedly conducive to longevity.

Frequent washing with warm water is very advantageous for old people, in whom the skin is only too apt to become hard and dry; and the benefit will be increased if the ablutions be succeeded by friction with coarse flannel or linen gloves, or with a flesh brush. Every part of the skin should thus be washed and rubbed daily. The friction removes worn-out particles of the skin, and the exercise promotes warmth and excites perspiration.

Too much attention can hardly be paid to the state of the skin; the comfort of the aged is greatly dependent upon the proper discharge of all functions.

BATHS FOR INFANTS.—Dr. A. Jacobi teaches that while during early days of an infant a cold, or even a cool bath should not be given, in a few months by graduating down the temperature of water a cool or even cold bath can be given and should be used for infants during the hot season.

He says it is his belief that a cold bath promotes a healthy resistance to disease, especially those enervating diseases of hot weather.

SOUTHERN CALIFORNIA PRACTITIONER

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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DR. C. G. STIVERS, Asst. Editor.
DR. H. BERT ELLIS } Associate Editors.
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EDITORIAL.

Meeting of the Southern California Medical Society.

The Twenty-fifth Regular Semi-Annual Meeting of the Southern California Medical Society convened at Riverside, Cal., May 2 and 3, 1900. The meeting was a complete success from every standpoint, both social and professional. The attendance was large and the members enthusiastic in discussion.

Officers for the ensuing year were chosen as follows: Fred Baker, M. D., San Diego, president; A. S. Parker, M. D., Riverside, 1st vice-president; C. C. Browning, Highlands, 2nd vice-president; F. D. Buillard, M. D., Los Angeles, sec'y and treasurer. The next meeting will be in Los Angeles in December, 1900.

PROGRAM.

WEDNESDAY, MAY 2, 1900.

11 A. M.

Call to order; reading of the minutes; report of officers; applications for membership; appointment of committees;

announcement by Chairman of Committee of Arrangements, Dr. A. S. Parker; president's annual address, Dr. H. Bert Ellis.

2 P. M.

GENITO-URINARY DISEASES.

Dr. LeMoyne Wills, chairman, Los Angeles, preliminary remarks; Dr. W. W. Hitchcock, Los Angeles, "Appropriate Cases for Vasodectomy;" Dr. Granville MacGowan, Los Angeles, "The Rational Treatment of Epididymitis;" Dr. J. de Barth Shorb, Los Angeles, "Posterior Urethritis;" Dr. Titian J. Coffey, Los Angeles, "Pathology of Cystitis;" Dr. LeMoyne Wills, Los Angeles, "Traumatic Strictures of the Deep Urethra; their Treatment and report of two cases."

GYNECOLOGY.

Dr. E. R. Smith, Los Angeles, "Treatment of Uterine Fibroids;" Dr. Walter Lindley, Los Angeles, "Post-operative Septic Peritonitis;" Dr. R. V. Rendon,

Los Angeles, "Comparison Between Pan and Supra Vaginal Hysterectomy."

7 P. M.

Banquet and reception.

THURSDAY, MAY 3, 1900.

9 A. M.

PRACTICE OF MEDICINE.

Dr. John R. Haynes, chairman, Los Angeles, "Infusion of Normal Salt Solution in Disease;"

Dr. George L. Cole, Los Angeles, "Organic Cardiac Trouble;" Dr. F. R. Burnham, San Diego, "Doctors and Complex Modern Life;" Dr. Alfred C. Croftan, Pasadena, "The Rational Therapeutics of So-called Uric Acid Lesions with Some Original Investigations;" Dr. M. R. Toland, Pomona, "Typhoid Fever;" Dr. F. Gundrum, Riverside, "The Prophylaxis and Treatment of Pelvic Diseases by Cold Water Injections."

PUBLIC HEALTH.

Dr. L. M. Powers, chairman, Los Angeles, "Transmission of Typhoid Fever and its Prevention."

MATERIA MEDICA.

Dr. W. F. Perry, chairman, Corona, "Water as a Therapeutic Agent;" Dr. L. G. Visscher, Los Angeles, "Hydrochloric Acid in Gastric Therapeutics." Election of officers.

2 P. M.

MENTAL AND NERVOUS DISEASES.

Dr. H. G. Brainerd, chairman, Los Angeles, "Meningitis;" Dr. C. G. Stivers, Los Angeles, "Nervous Element in the Early Stages of Phthisis."

PEDIATRICS.

Dr. Jno. C. King, chairman, Banning, "Is the Course of Study in our Public Schools Detrimental to the Health of the Pupils?"

OTOLOGY, RHINOLOGY AND LARYNGOLOGY.

Dr. E. W. Fleming, chairman, Los Angeles, "Report of Case of Fibroma Involving the Tympanic Cavity;" Dr. C. L. Bard, Ventura, "The Abortive Treatment of Tonsillitis and Management of Tonsillar Hemorrhage;" Dr. B. F. Church, Los Angeles, "Lingual Tonsil and Lingual Varix."

OPHTHALMOLOGY.

Dr. Wm. S. Fowler, chairman, Ventura, "Some Physiological Changes in Refractive Cases;" Dr. A. L. Macleish, Los Angeles, "The Prophylaxis of Astigmatism;" Dr. Geo. J. Lund, Los Angeles, "Ptosis, and report of two cases corrected by Wolf's operation;" Dr. R. W. Miller, Los Angeles, "Keratitis, and report of a case of Kerato-Malacia."

7 P. M.

OBSTETRICS.

Dr. Idris B. Gregory, chairman, Ontario, "Occipito-Posterior Positions;" Dr. Louise Harvey Clarke, Riverside, "Care of the Pregnant Woman;" Dr. Conley Heaton, Pomona, "Placenta Previa."

SURGERY.

Dr. W. W. Beckett, chairman, Los Angeles, "Appendicitis. Report of fifty successful consecutive cases;" Dr. Geo. E. Abbott, Pasadena, "Pyorrhea Alveolaris and its Relation to Surgery;" Dr. F. C. Shurtleff, Los Angeles, "Fractures of the Neck of the Femur;" Dr. C. L. Bard, Ventura, "The Equipment of the Modern Surgeon;" Dr. C. W. Murphy, Los Angeles, "The Treatment of Hernia, with a report of a case of Neuritis."

Paper, Dr. W. W. Hitchcock, "Appropriate Cases for Vasodectomy."

DISCUSSIONS:

Dr. S. C. Shurtleff, Los Angeles: "I have never performed this operation but think I will do so the next time I come across a case in which it seems indicated. I have, however, castrated a man for enlarged prostate. He was a man 82 years old, suffering from decided cystitis. The patient lived some six months after the operation; could empty the bladder voluntarily and suffered no pain."

Dr. F. W. Burnham, San Diego: "Cases of cystitis can be rendered fairly comfortable by proper catheterization and careful washing out of the bladder. It is absolutely essential, however, that stringent asepsis be enforced and the catheter be kept rigorously clean. Castration has been employed for the reduction of enlarged prostates, but with somewhat indifferent results. It is a serious question if this operation should be resorted to on account of the mental misery which a sexualization entails upon the man. In my opinion, the prognosis is very much better if the operation is performed for enlarged prostates which are soft. If, however, the enlargement is fibrous or hard, the procedure is of very little, if any, avail."

The State Society.

The thirtieth annual meeting of the Medical Society of the State of California was held in the auditorium of the Y. M. C. A. Building in San Francisco, April 17, 18 and 19. To the president, Dr. Geo. Chismore, and the secretary, Dr. Philip Mills Jones, together with the chairman of the committee of arrangements, Dr. Harry M. Sherman, are

largely due the credit for the interesting program and the success of the meeting.

If any criticism could be offered as to the session, it was that the program—as usual—was quite too long; so much so that many of the papers which would have permitted of such consideration were necessarily cut short with very little discussion. Aside from the literary part of the work, the committee of arrangements consisting of Drs. Lewitt, Cheney, Arnold and Wadsworth, provided abundant entertainment, consisting of a trip to the quarantine station on Angel Island, and a magnificent banquet at the Poodle Dog restaurant, on Thursday evening.

The attendance at the meeting was rather better than at that held last year at Del Monte, but still was smaller than it should be, especially when the meeting is held in the metropolis of the state. The small attendance of members from the southern portion of the state was especially noticable, there being from Los Angeles only four, Drs. Wills, Ellis, MacGowan and Cole.

The papers presented were quite up to the usual standard, although there was less evidence of original research than should be shown in a society of this size and importance. Of the various sessions, probably the one on Wednesday morning, in which the subjects of obstetrics and gynecology were discussed, was as interesting as any. Many good papers were presented, and the discussions extended well over into the afternoon before an adjournment was taken. The evening session of the same

day in which genito-urinary diseases and dermatology were discussed, was also an interesting one, and it was nearly midnight before the session adjourned. The sessions in which general practice and surgery were taken up were also worthy of notice, and interesting especially to the general practitioner.

The place chosen for the next meeting is Sacramento, and Dr. Thos. Ross of that city was elected unanimously as president for the ensuing year. Dr. Geo. H. Evans was elected secretary of the Society. The judicial council brought in a report which, among other things, recommended that the secretary be allowed a salary of \$300 a year, which is an increase of \$200 over the salary which has heretofore existed, and that the secretary shall act as chairman of the publication committee. The work of the chairman of the publication committee has always been an arduous duty, and by increasing the salary of the secretary and making him chairman of this committee, it was properly reasoned that his salary should be increased somewhat in proportion to the amount of labor necessarily expended.

The president of the session, Dr. Geo. Chismore, has shown in every way an impartial manner of ruling and a desire to make the meeting a completely harmonious one.

C.

Fatuous Persiflage.

The surgeon's life is one of great responsibilities. From the time he enters the surgery until he leaves it his every movement is of serious import. The touch of his fingertips, his very breath may carry fatal infection to the woman

whose life is in his hands. Furthermore, the language, the tone, the gesture, the general demeanor of the surgeon all give the cue to his assistants and to his nurses.

Realizing these facts, we have viewed with amazement the light and cheery mannerisms of some operators. The jocose doctor steps into the operating room with a would-be joke and the laugh that is always on tap from those who surround him leads him on to further Falstaffian sallies. Poor fellow, he never sees the clandestine winks that pass between the younger men around him. These winks translated mean: "The same old gag."

All of this light and jaunty air begets a lack of due feeling of responsibility throughout the surgery. The operator becomes a personified joke, the operation becomes a joke, life becomes a joke and death—Oh! death becomes such a superlative joke!

Soon an assistant develops the temerity to do some scintillating, and then, to the finish, frivolous and airy persiflage is the order of the day.

If these witticisms approach the border line of decency so that an apprehensive tint suffuses the face of the nurse, you need not be surprised.

But, during all this, what has become of the patient? Ah! that is so. She was almost forgotten. Poor thing; let us get her off the table.

L.

Pasadena Medical Society Notes.

[Continued from April number.]

Dr. W. T. Bolton, reported a case of "Phlebitis of internal jugular, unilateral edema of pharynx and larynx."

R. O. M., age 35 years. Family history tubercular on both sides. Patient during childhood had nervous disorders and frequently convulsions. Ten years ago he received an injury of cervical vertebrae, and has continuously suffered from brachial neuralgia of right arm. There is no atrophy of muscles of that arm.

February 16th patient noticed a feeling of discomfort in left side of neck, succeeded February 20th by rigidity of muscles of neck, pain on deglutition, sense of suffocation, pain in neck and throat. Evening temperature 103 degrees continuous to the 24th.

Incisions were made into edematous swelling of pharynx and larynx by a specialist attending patient in his home city. Early in March he came to Pasadena.

The conditions on examination, March 10th were as follows: Sterno-cleido muscle slightly rigid, infiltration of tissues in left anterior triangle of neck, evident on casual inspection. At junction of a horizontal line a little below the angle of the jaw and the sterno-cleido muscle is an area of induration as large as a silver half dollar. Voice is hoarse. There is edema of left pharyngeal wall to middle line sufficient to fill the space to the arch of palate, and of the arch and peritonsillar tissues; in the left sub-lingual space, and down through left side of larynx to the vocal cords. Temperature at evening one degree above normal.

In right lung there is anteriorly an area of consolidation corresponding to the lower margin of upper lobe which patient states has existed for a number of months.

March 24th. Edema has subsided decidedly.

April 12th. Temperature, having been taken three times daily for a week, is subnormal a degree with only two exceptions and when taken following the massage treatment. Pulse 78 to 100.

April 23rd. Slight edema of left pharyngeal wall, arch of palate and peritonsillar area. No edema of lower pharynx or larynx. Area of induration below angle of the jaw is reduced to size of a penny and is more dense.

Treatment: Syr. ferri iodide internally. Daily inunctions to left side of neck of mercury and morphia oleate. General massage and restricted exercise.

Dr. A. L. Miller of Chicago, read a paper on "Observation on the Schott Treatment of Cardiac Diseases."

All forms of cardiac vascular disturbances with the exception of aneurism of the heart or larger vessels and advanced arterio sclerosis are amenable to this treatment. It is not a specific for any one type of cardiac diseases. Many patients are only slightly or not at all improved. The treatment consists: (1) baths, (2) rest, with body in a horizontal position, (3) resisted exercises, (4) walking in the open air. Water from springs 7 and 12 are used in this treatment. Spring 7 contains 2.2 per cent. sodium chloride, .17 per cent. calcium chloride, .23 per cent. bicarbonate of calcium and traces of lithium, strontium, magnesium potassium manganese, iron, zinc and bromine. Temperature 88.8 deg. F. Spring 12 contains 2.9 per cent. sodium chloride, .33 per cent. calcium chloride,

.26 per cent. bicarbonate of sodium and traces of the elements present in spring 7. Temperature 95.5 F.

General effects of baths dilatation of peripheral vessels, relief of cardiac engorgement, lessened cardiac oppressions, reduction of cardiac dullness, lessened pulse frequency, increased flow of urine.

Three kinds of baths are used. (1) Plain thermal baths i. e., water from either of the springs freed from carbonic acid by exposure to the air. (2) Sprudel baths, the natural water direct from the springs. (3) Flowing Sprudel baths the natural water flowing directly through the tub during the bath. Unless the patient is robust begin treatment with thermal baths, later the Sprudel bath and finally the flowing Sprudel bath.

Frequency of the bath is determined by the reaction of the patient, and is usually daily with the exception of the flowing Sprudel bath. Average continuance of course of baths six weeks. Duration of individual baths ten to twenty minutes.

Unfavorable symptoms requiring discontinuance or change in character of bath are chilliness, syncope or continued cardiac oppression. Syncope due to sudden emptying of left ventricle, oppression due to sudden increased influx of blood into right ventricle. During bath patient remains perfectly quiet. After brisk rubbing, patient is placed in bed for one hour.

Unless patient is actually confined to bed daily walks are insisted upon, leisure and frequent rests being urged; daily increase in length of walks, very carefully avoiding over exertion.

After completion of course of baths an "after cure" in Switzerland is advised where mental quiet can be secured and invigorating walks may be taken.

Persisted exercises; slow, muscular movements of extension, flexion, abduction, adduction and rotation bringing into successive activity the various muscle groups.

Exercise is given by trained operator, or taken by patient without assistance. Results of exercises: They stimulated blood flow to the muscles, bringing about same changes as observed with baths.

Immediately following exercises rest in bed for at least one hour. Improvement resulting from baths is said to be permanent. Treatment can be carried out at home of patient with good results using artificial Nauheim baths. Sodium and calcium chlorides are shown to be the essential elements of Nauheim waters.

Sprudel baths are made by use of sodium bicarbonate and hydrochloric acid or by using Sandow's effervescing tablets. Exercises, walking and rest in the horizontal position being conducted as described.

Dr. J. E. JANES,
Secretary.

Honors Conferred on Dr. Hill of Los Angeles.

The State Board of Health met at the office of Dr. A. M. Henderson, Sacramento and elected Dr. R. W. Hill, of Los Angeles, president.

It adopted a resolution calling on the State Board of Medical Examiners to proceed against what the Board called

"quack" doctors, operating without a license.

Dr. A. M. Henderson was elected to represent the Board at the Convention of State and Provincial Boards of Health at Atlantic City, N. J., June 2nd and 3rd.

A report was received and approved from John L. Kirpatrick, Inspector of the Southern transportation lines.

San Diego County Medical Society.

At the annual meeting last night the San Diego County Medical Society the following officers were elected: Dr. R. L. Doig, president; Dr. D. Gochenauer, vice-president and Dr. T. L. Magee, secretary and treasurer. Dr. J. J. Nutt read an interesting paper on "Treatment of Compound Fractures."

[This valuable paper will be published soon.—Ed.]

A Noted Eastern Visitor.

Prof J. Ewing Mears of Philadelphia, professor of surgery at Jefferson Medical College, one of the great eastern medical institutions, was noted among recent arrivals at Hotel del Coronado. Prof. Mears has been in California for a part of the past winter, the greater part of the time being spent in Pasadena. He comes to visit with several old friends at Coronado, among the number Dr. W. A. Edwards.

Contra Costa County Physicians Form A Medical Society.

The following-named physicians met at the office of Drs. George and Rattan, Antioch, Cal., on Thursday, and or-

ganized a new county medical society: Drs. J. S. Riley, Port Costa; J. T. Breneman, Martinez; F. F. Neff and George McKenzie, Concord; Frank Rattan and W. S. George, Antioch.

The new officers of the society are: President, J. S. Riley; first vice-president, J. T. Breneman; second vice-president, Frank Rattan; secretary, George McKenzie; assistant secretary, F. F. Neff; treasurer, W. S. George.

The next meeting of the society will be held at Concord, May 14th. The first paper will be read by Dr. Breneman on that date.

The Southern California Practitioner wishes the new medical society unbounded success.

Personal Notes.

Dr. J. H. Lindsay is registered at the Hollenbeck from Massachusetts.

Dr. Clinton E. Worden of the firm of C. E. Worden & Co. is in Los Angeles.

Dr. H. P. Barton has been up from Ontario this week for a short stay.

Dr. and Mrs. Hasse of the Soldiers' Home have returned from a trip to Yosemite.

Dr. C. C. Rathbone of New York, is looking over Southern California with a view of locating here.

Dr. A. L. McKinnie, a prominent physician of Chicago, is at the Palms, accompanied by his two children.

Burglars entered the residence of Dr. J. G. Baird at Riverside, and stole \$100 in cash and jewelry valued at \$175.

Dr. Booth of Needles, Cal., was a recent visitor in Los Angeles..

Dr. Pahl of Victor, Cal., was in Los Angeles on business in April.

Mrs. Pahl, wife of Dr. Pahl of Victor, Cal., has resumed charge of the Good Samaritan Hospital in Los Angeles.

Dr. Maude Mackey, a graduate of the Los Angeles Medical College, has located at Paotingfu, China.

Dr. Martha Case has recently opened an office in the Lindley Block, Los Angeles.

Dr. A. C. Crofton of Pasadena, will read a paper before the section on medicine of the American Medical Association at Atlantic City.

Dr. Norman Bridge left on April 26, to attend the annual meeting of the American Medical Association, at Atlantic City, New Jersey.

Drs. Geo. L. Cole, H. Bert Ellis, W. L. Wills and Granville McGowan, were visitors in San Francisco, attending the Medical Society meeting.

Dr. John Murietta, who graduated in 1899, from the Los Angeles Medical College, and who has since been connected with the County Hospital, leaves soon for the City of Mexico, where he will engage in the practice of his profession.

Miss Katherine Darling Reese, daughter of Rev. and Mrs. Robert S. Reese

of this city, and Dr. John Galbraith Mackey of San Fernando were married Feb. 27, 1900, in the parlors of Immanuel Presbyterian Church, Los Angeles, Dr. and Mrs. Mackey will reside at San Fernando.

Dr. J. H. McBride of Pasadena, left on Thursday, April 27, to attend the annual meeting of the National Medical Congress which convened at Washington, D. C. early in May. He will also attend the American Medical Association meeting.

Editorial Notes.

It is said that Hotel Sierra Madre Villa will be remodeled and used as an institute for the care of alcoholics.

Subscriptions to the Practitioner will be received by the Business Manager, Dr. C. G. Stivers, 315 W. 6th St. Rates \$1.00 per year. Commence any time.

The discussions which appear in this and subsequent numbers of the Practitioner are all from stenographic notes, consequently are complete. It is costly but we must have it.

A pleasant feature of the Southern California Medical Society meeting at Riverside was the presence of the doctors' wives. They attended the banquet and went on the tally-ho ride as guests of the Riverside County Medical Society.

DEATH DURING COITUS.*

By Byron Robinson, B. S., M. D.

The reports of fainting and vomiting and even death during coition have a scientific interest in view of the present subject. The celebrated Russian general, Skobelev, died while cohabiting with a woman of ill-fame; Attila, king of the Huns, died while holding sexual relations with his young wife. In a small town in Ohio, a man nearly 70 years of age was reported to have died during coition. Stock men have made interesting reports in regard to animals. A mare put to a stallion fell dead at the end of coition. Young male animals have often fainted when first allowed to serve the female. The dog coition is prolonged, which limits shock. A dog has no semen sacs. The boar has an intensely violent coition with consequent effect on his viscera, as in respiration and circulation. Young stallions are the most liable to faint of any of the domestic animals. Young bulls become weak, exhausted and tremble at first coition. A medical acquaintance related to me a death of a middle-aged man about an hour after coition.

Dr. Miller related two instances which interested him very much because he did not understand the explanation. A man about 60 years of age, while walking to the door a few minutes after cohabiting with a strange woman, fell and died immediately. In another case, at the first coition the young husband fainted, and the sphincters relaxed, defecation and urination resulting. One can easily observe in domestic animals,

especially in the male, the respiratory rhythm is disturbed—slowed for a while and then quickened. The heart will also be disturbed in its rhythm—slowed for a time and then quickened. The explanation of these phenomena lies in the sympathetic ganglionic system. The vesiculæ seminales are very highly supplied by the hypo-gastric plexus of nerves. As soon as the irritation is produced on the nerves of the semen sacs, it is carried up to the abdominal brain. Then the irregular, stormy irritation accumulated in the abdominal brain is radiated out on the various plexuses of nerves, especially in the direction of the least resistance. The distribution of rhythm will be most manifest in that organ which is weakened or most sensitive.

We will consider first the sudden deaths which are due to rupture of blood-vessels in the brain. Such sudden deaths are apt to occur in elderly men who have weak arteries, and also the death is more liable to occur when the man is cohabiting with a strange woman for the first time, when he will be the most excited. Such deaths seldom occur with men who repeatedly cohabit with the same woman, when excitement is but ordinary. The explanation is that the irritation goes from the semen sacs, during the spasm of expulsion, to the abdominal brain. Here the irritation is reorganized and radiated to the vaso-motor center. The irritation may also go up the spinal cord to this center. The disturbance in the vaso-motor center produces narrowing of the caliber of the peripheral blood-vessels and thus the

*Abstracted from the Abdominal Brain and Automatic Visceral Ganglia, by Byron Robinson, B.S., M.D., Chicago, Ill. See book review.

blood-pressure is suddenly raised. At the same time the heart is slowed and hence the force is increased. It pumps the blood vigorously into the arteries and the weak wall gives way under the sudden pressure. The weak cerebral artery yields to the excessive blood-pressure and death follows immediately from blood extravasation. It will be noted that all such deaths have occurred with elderly men who generally have weak, atheromatous arteries, with degenerated walls.

In cases of vomiting and fainting, the law is just the same. The irritation due to the emptying of the semen sacs is conveyed to the abdominal brain or up the spinal cord. The disturbed energies are reflected to the heart and stomach, and fainting and vomiting are apt to arise. It comes under the same law as vomiting and pregnancy. (In domestic animals, fainting, vomiting or death is liable to occur in those animals which have a short, intense orgasm, as the horse or pig. The orgasm is much more intense in males and hence they are nearly always subjects of disturbances during cohabitation. Females suffer very rarely. All this profound impression in the coition of animals is due to the irritation being sent to the abdominal brain, where it is reorganized and radiated out on the plexuses of the various viscera. The sudden, short irritation deranges the normal rhythm, and hence the pathology of fainting and vomiting. The disturbance of rhythm will be the most manifest in that organ most sensitive or most essential to normal life. The same rules apply precisely to man.

Men during coition occasionally faint, vomit, defecate, urinate, or die. I know of a noted judge who died shortly after connection with a girl in a brothel. In Chicago, a short time ago, at one of the principal hotels, a man of probably forty-eight was found dying after cohabiting with a strange woman. All such deaths that I know or have read of have occurred in elderly men. The smaller manifestations such as fainting, vomiting, urination, and defecation, have all occurred in quite young men—mainly at the first coition. The elderly men scarcely ever die while cohabiting with their wives, as they are familiar with them and the excitement of the orgasm is not so violent or intense. It generally occurs with old men (in age, if not in years,) in a first coition with a strange woman. Death may occur with an old man who has not had connection with his wife for a long period, especially if the orgasm is intense. I do not include in such a subject the rupture of some pelvic tumor, due to coition. The explanation of the matter lies in the sympathetic nerve and its reflexes. The irritation of the penis is due to friction, and of the semen sacs to spasm and evacuation, which is transmitted to the abdominal brain and there reorganized.

The accumulated irritation in the abdominal brain is radiated rapidly and in the various directions of least resistance. It rapidly ascends the splanchnics and is reorganized in the cervical ganglia and sent to the heart. The irritation sent so suddenly to the heart at first violently stimulates it to a vigorous action, so that the blood-vessel

is raised to a high tension in the brain, especially in the left cerebral artery. Old men often have friable degenerated arteries, and this sudden rise of blood pressure induces the middle (left) cerebral artery to rupture, and thus arises the death from coition. The primary cause is the reflexes arising from the semen sacs and the genitals. During dissection of quite a number of cadavers, I have noticed that the connections of the lateral chain of sympathetic ganglia are very large at the root of the third sacral nerve. It must be remembered that the third sacral makes up nearly all of the pudic nerve; also, that all the external genitals are supplied by the pudic nerve.

Hence we find that the pubic nerve connects itself with one of the largest ganglia in the lateral chain of the pelvic sympathetic. Irritation of the external genitals is quickly carried to the vaso-motor center by the close and extensive connection of the cerebro-spinal sympathetic. The rectum and anus have a close connection with the sympathetic nerve.

I have often noticed that in dilating the rectum under anesthetic, the patient would utter a kind of hoarse bray, similar to the braying of an ass or mule. The mare in heat will often utter a similar sound. If the mare is watched, she will be seen to be disturbed occasionally, every five to eight minutes. When a "spell" or disturbance arrives, she will first raise the tail, and then begin to straddle and utter a kind of bray, then the vulva is spasmodically everted, followed by the emission of fluids from the vulvo-vaginal gland. The explanation of this phenomena must be made through the pudic and sympathetic nerves of the rectum and genitals on the one hand, and the recurrent laryngeal and sympathetic on the other. In short, there is a distant relation between the voice and the rectum. This connection must lie in the sympathetic nerve. If one dilates the rectum suddenly, the patient's skin capillaries become flushed with blood and sweating is induced.

BOOK REVIEWS

THE ABDOMINAL BRAIN AND AUTOMATIC VISCERAL GANGLIA. By Byron Robinson, B.S., M.D., Chicago, Ill. Author of *Practical Intestinal Surgery*, *Colpopernorrhaphy* and the structures involved, etc. etc. Chicago. The Clinic Publishing Company, 1899. Price \$3.

In the preface the author says: "The present volume contains views concerning the anatomy, physiology and pathology of the abdominal brain and its automatic visceral ganglia. The abdominal brain is the solar plexus of older authorities." This volume is well worth reading, as it gives information not found in text books, for the abdominal surgeon.

GOULD & PYLE. *A Cyclopedia of Practical Medicine and Surgery.* A concise reference book, alphabetically arranged, of medicine, surgery, obstetrics, materia medica, therapeutics, and the various specialties, with particular reference to diagnosis and treatment. Compiled under the editorial supervision of George M. Gould, A.M., M.D., editor of "The Philadelphia Medical Journal" etc. and Walter L. Pyle A.M., M.D., Assistant Surgeon to Will's Eye Hospital. 73 Contributors, Quarto, Illustrated. Sheep or half dark green leather, \$10.00; thumb index, \$11.00. Half Russia, thumb index, \$12.00. P. Blakiston's Son & Co., Philadelphia. 1900.

This is a substantial, unique work. It is full of good things. The practitioner will find it more valuable than a

dictionary. It is a remarkably useful volume. The publishers say:

"Our original object in preparing this book was to make a companion volume for Dr. Gould's Illustrated Dictionary of Medicine. It has grown considerably in the hands of the editors and the plan has been enlarged so as to include a large number of special contributors. We believe that the editors' aim to provide a good one-volume cyclopedia has been more than realized. They have succeeded in incorporating a vast number of short, pithy articles, all of which will prove useful, more useful, we believe, than the long discursive article in the larger systems. It was one of the aims of the editors to give proper consideration to those slighter ailments which are so often overlooked in the text-books, and a glance through its pages will show a large number of references that we feel confident it would be impossible to discover in any other one book.

The book being a practical one, Diagnosis and Treatment have received particular attention. Many valuable formulae have been included and a large amount of information in tabular form, all of which makes this volume a practical working book that will be constantly referred to in every-day practice.

COLPOPERINEORRHAPHY AND THE STRUCTURE INVOLVED. The vagina and perineum and how to mend them. By Byron Robinson, B.S., M.D. Professor in Chicago Post-Graduate School of Gynecology and Abdominal Surgery, etc. etc. Price \$1.00. Chicago. The Clinic Publishing Co. 1899.

This little volume is thoroughly illustrated, and represents an immense amount of original work on the part of the brilliant author. Nowhere else have we found anything like so complete a presentation of the Anatomy of the Pelvic Floor.

ELEMENTS OF CLINICAL BACTERIOLOGY FOR PHYSICIANS AND STUDENTS. By Dr. Ernest Levy, Professor in the University of Strasburg i. E., and Dr. Felix

of Strasburg i. E. Second enlarged and Klemperer, Private Docent in the University revised edition. Authorized translation by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic; Physician to the Philadelphia Hospital, etc. Price \$2.50 net. Philadelphia, W. B. Saunders, 925 Walnut St.

It will be noticed that the title of this work is Clinical Bacteriology, and it is evidently the aim of the authors to present to the profession a practical working knowledge of bacteriology from a clinical standpoint. It is hardly to be expected that the busy professional man who graduated several years ago can go deeply into the science of bacteriology as it exists today, and it seems to the reviewer that it is to such men that the work under consideration will be especially valuable. The book opens with a chapter on Morphology and Biology of Bacteria, Infection, Immunity, Immunization and Cure, and Methods of Culture and of Examination. Then comes Part II on Inflammation and Suppuration. Part III, Specific Diseases of Bacterial Origin, under which all of the bacterial diseases are discussed.

The book is well gotten up, and the illustrations which it contains are well presented.

The Appendix contains three very interesting chapters; one on Bacteriologic Examination of Soil, Air and Water; another on the Bacteria Principally Found in Soil, Air and Water; and the third on Disinfection. The last takes up successively Disinfecting Agents; Disinfection of the Hands; of Mucus Membranes; of Instruments and Dressings; of Feces and Cess-pools; Urine; Sputum; Body Clothing and Body Linens; Articles of Food; the Sick-room; and lastly Disinfection of Ships, Railway Cars, etc. Under the latter head the following paragraph is of interest:

"The burning of sulphur, which was formerly much practiced, has been found by Koch's investigations to be relatively useless, and injures many articles rather seriously."

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ORIGINAL.

TREATMENT OF UTERINE FIBROIDS.*

BY E. R. SMITH, M.D., LOS ANGELES, CAL

Improved technique and increased skill in operating have within a very few years, brought about a radical change in sentiment regarding the proper management of a patient with fibroid disease of the uterus. There seems yet to be a wide difference of opinion among leading gynecologists as to the proper time for surgical interference.

For example, Kelly, in his "Surgical Gynecology" says: "The great majority of myomatous uteri require no treatment whatever," and Penrose in his book published in 1897, informs us that "Operative treatment is usually demanded in the case of fibroid tumors," and again, "The great majority of fibroid tumors of the

uterus demand immediate operation." Between "no treatment whatever," and "immediate operation" for "the great majority of fibroid tumors," there is a wide field for speculation which I will not enter upon at present, but will present for your consideration my own formula with some of the reasons therefor.

It is my belief that all treatment of fibroid diseases of the uterus must be considered from a surgical standpoint. While it is true that a large percentage of fibro-myomata require no treatment whatever, it is also true that all efficient treatment of the disease is surgical and that cases which require treatment at all must be treated surgically.

*Read before the Southern California Medical Society May 2, 1900.

The object of all treatment is to correct disease and to relieve symptoms.

By what means can we correct the growth of fibroid tumors, or prevent degenerative changes in them?

Up to this time we have no knowledge of any drug or combination of drugs, local application or constitutional treatment that has withstood the test of time and can now be depended upon to change the natural tendency of these growths. Medicine has no place in the treatment of the disease *per se*.

Electricity has disappointed its advocates and has proved to be not only unreliable, but dangerous.

The apparent success of the method in some cases is a coincidence, in others, it is due to the absorption of inflammatory exudates which have been supposed to be a part of the tumor. Penrose says of electricity: "It does not stop the growth of the tumor. It has caused many deaths. It may produce peritoneal adhesions which render subsequent operations most difficult."

Electricity has a certain standing for arresting hemorrhage by electrolysis of the uterine lining but it has no place in the treatment of fibro-myomata except to palliate the one symptom, hemorrhage. Hypnotic suggestion and Christian Science have not been applied with any degree of success to this class of neoplasms. No other plans of treatment have anything to recommend them beyond delusive promises.

We are reduced to the alternative of palliating symptoms and hoping for a run of good luck to carry the patient through the menopause or of interfering surgically. What may we expect when the menopause is reached?

Dr. L. Grant Baldwin reports two cases of operation upon women past the menopause, both for calcareous degeneration of large fibroids. In one

the indication for operation was inability of the patient to be on her feet; it the other it was persistent, unbearable pain.

That the pathological history of fibroids does not terminate with the menopause is a fact also emphasized by Picquet. "On the contrary, it may only begin at that time." He cites three cases in which "it was necessary to perform hysterectomy in women after the menopause, once for intestinal obstruction and twice for inflammatory attacks ending in pelvic suppuration."

Quoting Penrose again: "Many women have passed through these years of suffering and then have found the hoped-for goal vanished, the menopause indefinitely postponed, or the tumor continuing to grow after this period has been passed. Many of these women are driven to the operating table today after lives that have been wasted by this expectant plan of treatment." Yet expectancy was the key note of all treatment but a few years ago.

We were accustomed to look upon a myoma as a "benign neoplasm, having no metastasis and affecting the organism injuriously mainly by its consequences and complications."

Of course, it is understood that the term "benign" is used in an arbitrary sense, to distinguish these from malignant "growths which always tend to a fatal issue, but it is an unfortunate and misleading term when applied to uterine fibroids, in view of the fact that such a large percentage of them undergo various forms of degeneration, placing them on a par with the neoplasms which are malignant from the beginning."

Martin has reported a series of 205 cases in which degeneration of the fibroid occurred in 57 cases, or a fraction over 27 per cent. of the whole number. "Of these, a total of 33 cases out of 205, or about 18 per cent.

of the whole number, showed changes in the fibroid that seriously endangered the life of the woman." (Penrose.)

Of the degenerations observed by Martin in the cases mentioned, there were fatty degeneration, 7; calcification, 3; suppuration, 10; edema, 11; cystic degeneration, 8; telangiectatic degeneration, 3; sarcomatous degeneration, 6; carcinomatous complication, 9.

You will observe that carcinoma stands third in this list, but whether as a complication or a true degeneration seems to be a difference of opinion.

Many observers dispute the carcinomatous degeneration of fibroid tumors, believing that the simultaneous occurrence of the two neoplasms is purely accidental. On the other hand, there is plenty of evidence that fibro-myomata predispose to cancer, and it will require further investigation before this old theory can be considered disproved. (Babcock *Am. Gyn. and Obst.*)

Bekman reports a case of cancerous degeneration of the uterine fibroid in which "the uterus when removed was the size of two fists."

Cancerous nodules were found in the uterine wall, and in addition, a submucous fibro-myoma the size of an apple, microscopical examination of which showed that adeno-carcinoma had developed in the mucous glands covering it. There was also discovered a small cyst of an ovary which had undergone similar degeneration, probably due to lymphatic infection from the uterus. A striking feature of this report is the fact that the malignant character of the growth was not recognized until after the operation, and herein lies a grave element of danger: whether the frequent association of the two growths is due to degeneration or to mere accident.

In many of the reported cases, the carcinoma was associated with small fibroid growths, and the patient came under treatment for hemorrhage and pain. The size of the tumor would not seem to demand immediate operation, and there is a long list of remedies to be tried for the symptoms before the conservative practitioner is ready to submit the case to operation. Meantime the patient is developing cancer of the uterus, and is passing beyond the reach of surgery at a rapid rate with but a moderate increase in the size of the tumor. Errors in diagnosis are frequently made, in such cases, in fact, a correct diagnosis can only be made upon the microscopical examination of scrapings from the endometrium.

The danger from the source, from varieties which are too often beyond the reach when brought under the care of a surgeon, and the numerous accidents to which the patient is liable on account of her tumor would seem to justify the declaration of Penrose that "the great majority of fibroid tumors of the uterus demand immediate operation."

Whenever in the history of a fibroid tumor of the uterus it becomes necessary to adopt any plan of treatment, for rapid increase in size, for the relief of pain, hemorrhage or pressure symptoms or for any other reason whatever, the case should be submitted to a surgeon, not necessarily for the pelvic organs, but because the purpose of immediate removal of best and most conservative treatment is surgical, because the resources of surgery in dealing with this disease are unlimited, embracing many expedients before arriving at total ablation of the diseased organ.

Curettage for the relief of hemorrhage is a surgical procedure which is beyond dispute the best-known means of temporarily accomplishing

this end. This operation should never be undertaken except by a competent surgeon and under perfect surgical surroundings. Infection of the growth through the endometrium is a dangerous possibility which must be kept in mind in all operations through the cervical canal, whether for controlling hemorrhage or for the removal of submucous and polypoid growths. This danger is pointed out by W. R. Williams, (Bristol Med. Chir. Jour., Mar., 1899,) in these words, viz: "Septic infection of myomas projecting into the uterus and vagina is a most dangerous complication, which is apt to be caused by any form of traumatism."

Ligation of the uterine arteries is an operation which deserves to come into more common use. It has failed sometimes, as pointed out by Goelet, because the occlusion of the vessels is only temporary, the shrinkage of the tissues permitting the circulation to be re-established. When properly done by resection of the arteries, this procedure is capable of arresting the bleeding in all appropriate cases, arresting the growth of the tumor in many and causing many more to totally disappear. By appropriate cases I mean the fibroid of moderate size, "which chief source of nutrition is the uterine artery," and especially such as are located in the lower uterine segment.

Gottschalk, (Am. Jour. Med. Sci., Oct., 1898,) reports a series of cases of fibro-myomata treated in this way. "In seven, the tumors totally disappeared, while in fourteen they diminished in size."

Mangin reports fourteen cases from which he makes the following deductions:

"First. Ligation of the uterine arteries is a simple operation devoid of danger and can be performed without anesthesia.

"Second. It is essentially indicated in cases of obstinate menorrhagia which resist medicinal treatment and curettement.

"Third. After ligation of the arteries, hemorrhage nearly always ceases, and fibroids often undergo atrophy.

"Fourth. The only counter indication to the operation is disease of the adnexa." In three cases of inoperable fibroids reported by Tuffier, the uterine arteries were ligated and the hemorrhage was arrested, but there was no decrease in the size of the growth.

In my own experience the bleeding has been controlled in every case operated upon by this method, and there has been no perceptible increase in the size of the tumor in any case. The general condition of the patient has been invariably improved, notably the mental state, although I have not been able to detect any diminution of the growths up to this time.

Castration is a measure of doubtful value in these cases, although there is abundant evidence that the bleeding has been controlled and the tumor diminished by this means. Saxinger gives statistics of 51 operations:

Thirty-four patients were kept under observation from three to sixteen years. Both ovaries had been removed in all but three cases. In 88.8 per cent. the hemorrhage entirely ceased; in 83.3 per cent. the tumor certainly diminished in size. In three cases only, did it continue to enlarge, twice on account of sarcomatous, and once from cystic degeneration.

Kelly mentions the operation done in cases of fibroids, but only to condemn it in these words: "This treatment is now no longer resorted to by the best operators, on account of its uncertainty, as well as on account of the improved technique of myomec-tomy and hysterectomy."

One argument advanced by the advocates of castration as a remedy for uterine myomas is that the operation is comparatively free from danger, and that the patient is no worse off than before, even should the tumors continue to grow. The statistics reported by Saxinger show eight deaths out of fifty-one operations, being about 15 1-2 per cent., which would seem to warrant the conclusion that there is an additional element of danger in removing the ovaries, due to the presence of the myoma. There is also an additional danger of ventral hernia due to pressure exerted by the growing tumor. Such hernias have been known to occur.

Enucleation of fibroids or myomectomy, while partaking of the dangers incident to capital operations in general, is still a safe one within reasonable limits, and should always be given the preference over hysterectomy in young women when practicable, thus preserving the integrity of the organs, restoring the patient to a condition of perfect womanhood, instead of depriving her of anatomical parts that are supposed to be essential to the enjoyment of this state.

Myomectomy is eminently conservative, is much more easily performed and involves less danger than was believed possible a few years ago. Some operators still see dangers in enucleation and ablate the uterus in all cases from preference, but the conservative idea is sure to influence the work of the future, and this operation will grow in favor. I would like to describe the steps of the operation in detail but the recent books and magazine articles by Kelly, Goelet and other eminent men, giving plans, specifications and detail drawings, leave nothing more to be said in that direction.

Goelet, in an admirable series of articles upon the "Technique of Surgical Gynecology," published in the

International Journal of Surgery, makes the following statements: "Myomectomy should always be the operation of election in young women who have not passed the menopause, if the appendages are not incurably diseased, and no other contra-indications exist. The scope of abdominal myomectomy includes:

"First. All pedunculated subperitoneal growths where the adnexa are normal or in condition to regain a normal state upon removal of the tumor.

"Second. All sessile and interstitial growths that are accessible under the same conditions of the adnexa, if the tumor has not undergone degeneration, and if its removal leaves a normal uterus or one which may become normal, provided sufficient peritoneal surface remains to cover the wounds made without undue strain on the sutures.

"Three. Submucous or intra-uterine growths too large to be removed by the vagina through the cervix when they have not undergone degeneration."

Kelly asserts that "no more important advance can be made by the gynecologist in the immediate future than by extending the indications for myomectomy and narrowing the field of hysteromyomectomy, and so saving the uterus whenever possible."

These remarks must be understood as applying to women who still have a probability of several years of menstrual life before them. In all women past the age for the menopause where operation on account of fibroid tumors is necessary, hysterectomy becomes the operation of election.

London, (Therap. de Gynecol.) January, 1899, gives the following general rules for the surgical treatment of uterine fibroids:

"First. The younger the woman, the sooner it should be decided to operate.

"Second. There are fewer objections to operating on a single fibroid than on multiple tumors, since there is a fairly good chance of preserving the uterus.

"Third. Anticervical and retrocervical myomas should always be removed, to prevent trouble in subsequent labors.

"Fourth. If a woman must work for her living, an operation is often advisable, though it might not be necessary if she were able to lead an easy life."

Summing up the surgical treatment of uterine fibroids, I will venture to say that:

First. Curettage is the best palliative method of controlling hemorrhage at our command, and that it fulfills no other indication for treatment.

Second. Ligating and resecting the uterine arteries is a valuable procedure and should be employed in small growths for the purpose of permanently arresting hemorrhage and causing atrophy of the tumor.

Third. Castration, while showing good results in some hands, notably Tait's, giving, according to his statistics, 95 per cent. of cures, has fallen into disfavor, chiefly on account of the uncertainty of results, and also because the danger in the operation is equal to that incurred by the more certain and radical myomectomy and hysteromyomectomy.

Fourth. Myomectomy is the operation of election in all women under 45 years of age where it is possible by this means to restore the generative organs to a healthy functionable state, after failure to arrest the growth by ligating and resecting the uterine arteries in cases suitable for this operation. In attempting myomectomy, the operator should always be prepared to resort to hysterectomy if found necessary.

Fifth. Hysteromyomectomy is and will always be the ultimate resource of the surgeon in dealing with these growths.

COMPARISON BETWEEN PAN AND SUPRA VAGINAL HYSTERECTOMY.*

BY R. V. RENDON, M.D., LOS ANGELES, CAL.

Hysterectomy is the partial or total removal of the uterus through the walls of the abdomen or through the vagina, or by both ways at the same time. This operation, the daughter of ovariectomy, was not in the beginning a premeditated operation, conceived and planned beforehand; but, on the contrary, it was the result of mistakes in diagnosis made by eminent surgeons who opened the abdomen in the belief that it was necessary to treat tumors of the ovaries in this manner, and who found tumors of the uterus. The first who committed these errors shrank from the magnitude of the dangers involved in an operation until then unknown, and closed the abdo-

men without making any further investigation. Among the cases of these physicians are those of Lizars, in 1825, of Diffenbach, in 1826, and of Baker-Brown, Cutter, Deane, Mussey and Smith, of subsequent dates.

The history of the commencement and evolution of the treatment of fibrous tumors in the uterus is particularly interesting to Americans, for it is here in America where the operation was first performed, and American surgeons have contributed a very important part to the reform in the methods of treatment, which are now generally recognized to be the best.

Dr. W. L. Atlee performed, in 1844, the first successful operation, and Dr.

*Read before the Southern California Medical Society May 2, 1900.

Walter Burnham, of Lowell, Massachusetts, made the second, in 1853, with a result equally fortunate; but to Dr. Kimball belongs the honor of having been first in carrying the operation to an end deliberately, after having made a correct diagnosis. Then came Kaberle, Pean, Marcy and Emmet, performing and improving the operation, until finally M. A. D. Jones and Eastman associated their names in an indelible manner with pan-hysterectomy.

Under the general name of hysterectomy are included hystero-myomectomy, which is also called supra-vaginal hysterectomy and pan-hysterectomy.

Hystero-myomectomy, or supra-vaginal amputation, has been practiced more frequently than any other operation, although in recent times it has been losing ground, and now the number of surgeons who declare themselves in favor of pan-hysterectomy is legion.

In the employment of supra-vaginal hysterectomy there are two methods, one known as extra-peritoneal (Hegar's method), and the other, intra-peritoneal (Shroder's method). The first steps of the operation are alike in both methods. An opening of the abdomen in the manner usual in laparotomy, and with the same precautions with regard to asepsis. If the tumor is large the incision ought to be extended upward; but if small and encased in the pelvis, it must be run to the pubis, taking good care not to injure the bladder, for this organ is often drawn upward by the tumor. The uterus is then freed from all adhesions; an effort should be made, by inserting a long catheter, to take into account the exact situation of the bladder, which, if it adheres to the uterus, is carefully dissected off and the broad ligament immediately divided between a chain of double ligatures, and the round ligament and tubes tied sepa-

ately. When the cervix has been completely loosened, the elastic ligature is placed so as to prevent hemorrhage.

Some authors advise making a search for the uterine arteries and ligating them separately, but the process is not necessary when it is desired to pursue the extra-peritoneal method.

The next thing to be done is to cut the tumor, which must be done a little above the elastic ligature, and from this moment the two roads diverge, in accordance as to whether Shroder or the Hegar method is to be used.

If the former (or intra-peritoneal) is decided upon the next thing is to proceed to remove the tumor by making a circular incision about three centimeters above the ligature and by severing the peritoneum only. This peritoneum draws itself back, and is separated along its entire length so that the flap may be formed exclusively by the serous membrane. The large vessels found on the cervix are ligated.

An important part of the operation, which has in every case preoccupied surgeons, is the destruction of the uterine mucous membrane found at the bottom of the wound, because infection might come from it.

The next move is to the suture of the stump, and for this purpose catgut or silk is used, according to the circumstances of each case. If the stump is small, it will be sufficient to make with catgut a series of deep sutures, and the union of the peritoneum is thus completed by a series of superficial points tightly stitched. However, if the raw surface is large, this simple process should be given up, because in order to draw together the surface it would be necessary to tighten the threads a great deal, and this would cut the texture of the uterus. It would be better in this case to employ the continuous catgut suture of planes superimposed one upon the other. In

order to prevent secondary hemorrhage, a silk ligature passing through the stump and including the whole stump can be used.

The wound must be joined longitudinally and parallel to the abdominal wound; then the elastic ligature must be discarded. If some blood drops through the holes of the stitches, Martin advise the piercing of the pedicle from the front backward with four threads of silk and tying each half separately.

The same author also suggests draining through the cul-de-sac of Douglas, and then the abdominal wound is closed in the regular manner.

In the extra-peritoneal method, the entire tumor is drawn out and wrapped up in a piece of aseptic gauze, the walls are at once sutured upward, the tumor is cut an inch and a half above the elastic ligature, and the blood is prevented from falling into the abdominal cavity. In the event of fibrous pieces remaining on the surface of the cut, they are enucleated, and at the same time the ligature is drawn together to avoid hemorrhage, the large vessels are ligated, the peritoneum thoroughly cleaned, and then the pedicle, which has been kept outside by means of Musseux forceps, is placed in the lower part of the wound. The provisional ligature may be employed permanently, provided it be conveniently placed, but if it is down too far another elastic ligature is placed higher up and the former one is loosened. In cases where the pedicle is very thick, the elastic ligature can be made to pass through the tumor and the halves are ligated separately. The ligature is solidly tied, and then we proceed to fix the pedicle. One important peculiarity of Hegar's method is the exact isolation of the pedicle on the exterior by suturing the parietal peritoneum under the elastic ligature, leaving the adipose aponeurotic and tegumentary layers sur-

rounding the pedicle without being joined. The space which remains between the pedicle, destined to mortify, and the walls of the abdomen, is a safeguard against infection; but, with a view to being certain on this point, those who wish may apply the kind of antiseptic which they choose. The suture of the parietal peritoneum to the pedicle is made as close as possible, and with a fine needle, so there shall be no bleeding. The pedicle is finally fastened by passing crosswise of it two long steel needles, the ends of which are supported by rolls of aseptic gauze, so that no injury shall occur to the skin of the abdomen, and then immediately follows the sort of dressing considered by the surgeon most favorable.

The elastic ligature requires from 15 to 20 days to become loose, and when it falls away it takes with it the pedicle and the needles, leaving in their place a funnel-shaped cavity of considerable depth, because it is seldom that mortification of the texture is restricted to the level of the elastic ligature, but almost always it goes deeper. This cavity is covered with granulations, and in healing there is left in the abdominal wall a weak place, which makes the wearing of bandages imperative.

The supra-vaginal method has been modified, changes more or less valuable have been made and some of them not having stood the test of time, even their authors, such as Olshausen, Ahlfeld and Schwartz, were compelled to give them up.

Meinert proposed opening the cul-de-sac of Douglas and passing the pedicle into the vagina, and Sweifel, with a view to being sure of hemostasis, made a series of ligatures, which complicated the operation in an extraordinary degree.

The difficulty in fastening the short pedicles on the exterior, gave birth to what is called the mixed method,

by which, at the same time that the pedicle is left in the interior of the abdominal cavity, it is fixed to the internal face of the wall, leaving the wound open. The object of leaving the wound open is to watch hemostasis and to give an outlet to the septic products. Wolfer-Hacker was the first to adopt this process, which might be termed one of necessity.

Sanger invented a novel process, which consists in closely suturing the parietal peritoneum to the posterior face of the pedicle, bending the latter forward and thus a lower cavity is formed in the pelvis, where the pedicle remains sequestered.

Owing to the variety of changes which have been made in the supra-vaginal method, it may be inferred that surgeons have found it defective and do not feel satisfied with trying it.

Later came pan-hysterectomy, which was practiced both by the abdominal and vaginal routes. Martin, who was one of the first to perform this operation, gave us the technicals which now prevail, and which are as follows:

The patient is prepared as for a vaginal hysterectomy, and then the operation commenced from below, if the case is suitable for this method, by ligating the broad ligaments as high up as possible, in the same manner as in vaginal-hysterectomy for cancer, except that we do not ligate far away from the cervix. The vagina is likewise detached anteriorly and posteriorly from the cervix, and the bladder is dissected up as high as possible, the cul-de-sac of Douglas being opened first or last, whichever is the more convenient. No rule can be laid down. The operator must use his own judgment as to which step must be taken first. The object to be attained is to free the lower segment of the cervix, then the operation from above is materially simplified; this becomes especially apparent in cases in which the

pelvic floor is rigid. Now the vagina is packed with iodoform gauze, a strip of which protrudes into the peritoneal cavity by way of the posterior opening.

Next, the abdominal section is made in the usual way, and the rest of the uterine attachments are tied off in sections and cut. To avoid injury to the bladder, the viscus, just prior to its detachment above, especially if it is spread over the tumor itself, should be partly distended with a weak boric acid solution to show its relation; then, about half an inch above its point of attachment to the uterus, an incision is made and the remainder of the bladder is separated.

After excision of the fibro-myomatous uterus, the vagina and floor of the pelvis are closed; all that should be seen from above are the continuous catgut sutures with which the pelvic-peritoneum has been closed and a few small pedicles from the upper part of the broad ligaments. The adnexa are tied off at the beginning, or as soon as practicable, and the abdominal wound is then closed. In large tumors which do not crowd into the pelvis, but on the contrary pull the cervix and the vagina toward the upper part of the pelvic cavity, so that the portio vaginalis can hardly be reached by the examining finger, this technique is out of the question, and the operation must then be made in another manner.

Dr. Pean, whom I frequently had the privilege of seeing perform this operation during the several years when I was a pupil under him, practiced in an inverse manner this operation in cases of fibroids of greater size than the head of the fetus. He began by opening the abdomen quickly, liberated the uterus from its adhesions, and placed a wire ligature strongly tied a little above the cervix, and cut out the tumor about three centimeters above the ligature. In order to pro-

tect the bowels, he packed with gauze, after the Mickulickz fashion, and closed the abdomen, and then finished the operation by morcellation through the vagina.

At that time I could notice the defects of the method even in the hands of its author. One of the characteristics of Dr. Pean was the marvelous rapidity with which he accomplished it, and in spite of his skill the operation never lasted less than two hours and a half, which made the final result doubtful. But abdominal hysterectomy is better than his method in cases of large tumors in which the neck is drawn upward.

Under these circumstances, the operation from above offers no particular difficulty; it is, in fact, decidedly easier than most operations for the removal of suppurating adnexa. The broad ligaments are secured in the same manner, by successive ligation from above. The floor of the pelvis is closed in precisely the same way as in the other methods. The only difference in this is that the cul-de-sac of Douglas is opened from above, which, however, may also become expedient in the cases in which the work must be done from below.

Pan-hysterectomy is applicable to all tumors; its advantages are that there is nothing left in the peritoneal cavity which can give rise to sepsis, provided that the technique of the operation has been carried out surgically, as we now understand this term.

Finally hysterectomy can only be vaginal in cases in which the tumor is not very large. Dr. Pean adhered to this practice in his last years, and when the tumor was small and the uterus moveable, so that it might easily be drawn down, he performed the vaginal-hysterectomy by morcellation; this was done with tumors up to the size of oranges. If the tumor was large and the uterus too far up, he employed the combined abdominal and

vaginal hysterectomy, of which I have already spoken.

A peculiarity in his manner of working worthy of being mentioned is, that he very rarely used ligatures in his operations, no matter what kind of operations they were. Using his forceps as means of definite hemostasis in vaginal-hysterectomy he was accustomed to leave in the wound as many as fifteen or twenty forceps, which remained there thirty-six hours after the operation. And if it is true that hemostasis was afterwards perfect, it is also certain that the tissues thus pressed for so long a time were sure to become mortified and afterwards cause a discharge which exposed the patient to septicemia. In addition, the patient spent those highly uncomfortable thirty-six hours with a bunch of forceps in the vagina.

Let us now see which of these operations is most advantageous, looked at from a general standpoint.

It has been said, in favor of supra-vaginal hysterectomy by the extra-peritoneal method, that the operation is quicker, and consequently success more likely to be assured, since it is known what influence length of time has on the ultimate result. But it is not exactly true that it is quicker, if the time spent in fixing the pedicle to the exterior is considered, and during which the patient is under the influence of the anesthetic, and it may be shown that this reason is more illusory than real. On the other hand, in return for this apparent advantage, there are inconveniences of indisputable reality, such as the greater risk of septicemia by exposure of the pedicle and a small part of the peritoneum on the exterior. This risk is increased by the unavoidable mortification of the tissues which are above the elastic ligature, and even a little below it, and which are in contact with the peritoneum sutured to the surface of the pedicle. Even though it has been

noticed in autopsies that pedicles well tied by elastic ligatures and abandoned in the abdomen have simply undergone fatty degeneration, patients have died of septicemia in many a case in spite of the antiseptic powders used in dressing. These facts prove that the tissue may become mortified and produce septic products. But there is another reason—convalescence is altogether too slow—a matter of much inconvenience—and the scar is a very weak point, which later exposes the patient to eventration.

In the intra-peritoneal method, either many sutures are made to prevent hemorrhage, or few sutures are made. In the former, much time is spent, and a quantity of catgut is left in the abdominal cavity, and not without danger. In the latter, hemorrhage is feared; although not frequent, it might occur, and has occurred in some cases, and in such instances surgeons have been forced to reopen the abdomen and suture more closely. This eventually endangers the life of the patient, and the surgeon must avoid it. Therefore excessive caution and care to use many sutures. Consequently this method is neither more rapid nor safe than the one before mentioned, and subjects the surgeon to the possibility of being obliged to face a hemorrhage or to leave many threads in the abdominal cavity. It also happens that in the pedicle there may remain small nuclei of tumors, which, developing later, make the operation fruitless.

The combined abdominal-vaginal method consumes much time, too, and it is exceedingly embarrassing; nevertheless, Martin's method is less so than Pean's, if it is taken into account that in the former only the cervix is loosened through the vagina, and the complete removal of the tumor is done by the abdomen; while in the latter the morcellation of the large pedicle is done through the vagina,

which constitutes a long and tedious step in the operation.

Bardenheuer's method of complete extirpation of the uterus does not present the inconveniences of the other methods, and we think it should be given the preference. There need be no apprehension of secondary hemorrhages in his method, as the pedicle is completely destroyed. The raw surfaces are reduced to the least possible extent, and the vessels are entirely ligated. There is no fear of septicemia, because the abdomen, after having been thoroughly cleaned is hermetically closed, and the vagina, in consequence of being thus within easy reach, can be carefully disinfected. The large number of threads, required in the other methods, do not remain in the abdominal cavity, nor is there the enormous pedicle which takes more time for healing, and which may retain fibrous nuclei of small tumors passing unperceived during the operation.

The time spent in this operation is not longer than in supra-vaginal hysterectomy, and that of healing is, on the contrary, shorter.

All of these reasons should induce the surgeon to prefer pan-hysterectomy in every case in which a choice is to be made either of one or the other. Many surgeons protested at the outset against pan-hysterectomy, on account of the numerous deaths which, in accordance with statistics, is caused, but we believe that this charge is unjust, inasmuch as, in the first place, statisticians depended on Freund's operations—that is to say, on pan-hysterectomy applied to cancer, in which the death rate is large whatever operation is employed; and, in the second place, as no account was taken of the patient's general health at the moment of the operation. A logical comparison would necessitate taking into account the similarity of the cases compared, and this was not done.

Bardenheuer had only one fatal case out of the first seven operations performed by him, and in this one case the patient was in such a condition as to warrant an unfortunate ending.

By consulting some statistics made five years ago, we shall find these results:

• INTRA-PERITONEAL METHOD.

No. of Oper'ns. Deaths			
Gusserow....	19	6	31.6 per cent.
Kaltenbach..	5	3	60. per cent.
Martin.....	86	15	17.4 per cent.
Olshausen....	29	9	31. per cent.
Spencer-Wells ..	26	10	38.4 per cent.
Schroder.....	135	41	30. per cent.
Tauffer.....	12	4	33.3 per cent.
Total....	312	88	28.2 per cent.

EXTRA-PERITONEAL METHOD

No. of Oper'ns. Deaths.			
Bantock....	22	2	9.0 per cent.
Hegar.....	22	6	27.2 per cent.
Kaltenbach..	22	1	4.5 per cent.
Keith.....	33	2	5.3 per cent.
Pean.....	52	18	34.6 per cent.
Tauffer.....	17	2	11.7 per cent.
Spencer-Wells ..	20	10	50. per cent.
Lawson Tait..	54	20	37. per cent.
Thornton....	15	2	13.3 per cent.
Total....	262	63	24.0 per cent.

PAN-HYSTERECTOMY.

No. of Oper'ns. Deaths.			
Martin.....	7	1	14.28 per cent.
Gavilan.....	14	2	14.28 per cent.
Leopold....	21	3	14.3 per cent.
Total....	42	6	14.29 per cent.

It may be noticed from the above statistics that among the authors of the intra-peritoneal method Martin has a smaller percentage of deaths, notwithstanding he has been one of the most prominent partisans of pan-hysterectomy, and attempted to sustain it by his experiments.

From this review of the various methods we reach the conclusion that pan-hysterectomy simplifies much the inconveniences which the other methods present, and consequently it is that which should be preferred. It does not mean that the surgeon should turn his back on other methods, which might be applied in special cases, but he should take his inspiration from the necessity of each case.

LEGAL MEDICINE.*

BY E. O. SAWYER, M.D., LONG BEACH, CAL.

Mr. President and Members of the Society:

"Shake not your gory locks at me;
'Twas not I did it."

It is not our intention to go very deeply into the subject of medical jurisprudence, but to briefly give a few of the many mistakes which physicians have made in and out of the court-room in this branch of medicine which have come under the writer's observation. By avoiding and correcting the mistakes made by ourselves and others of the profession in any of its branches, we bring the practice of medicine nearer to the perfection our conscience, our profession and the public demand of us.

A practicing physician is at any time liable to be engaged in a case where the conditions and circumstances surrounding it point to a violent death at the hands of some party or parties.

The doctor should always remember the importance of the position in which he is placed, for his testimony will often decide the innocence or guilt of accused persons. He should fix well in his memory all he sees or learns, make notes in his day book, etc.

We all know the law presumes a person innocent until proven guilty beyond a reasonable doubt. The law

*Paper read before a meeting of the "Academy of Medicine of Los Angeles," Feb. 23, 1900.

also gives the suspected party the benefit of any doubt.

Then we ought to be very careful when called into cases where crime is suspected, that no carelessness on our part shall be the cause directly or indirectly of creating that doubt in favor of persons guilty of crime. If called upon to perform a post-mortem examination in a case of supposed murder, we must be exceedingly careful—be certain and sure that every step in the operation is carried on scientifically, as well as legally, so that justice shall be done both to the innocent or the guilty, and not place ourselves in the embarrassing position a friend of the writer put himself in some years ago in the following case:

A man shot his wife, causing her death. The coroner called upon my friend to make a post-mortem examination. The writer, a student at that time, was present at the operation. A bullet from a pistol entered the top of the right shoulder behind and about midway of the clavicle, ranging downward at an angle of about 45 degrees toward the left side of the thoracic cavity, and was found embedded in a rib of that side. Death caused from internal hemorrhage, supposed to have come from a small cut made by the bullet in the right subclavian artery.

He made a careful examination, but did not succeed in finding the cut. The body was sewed up and we returned to his office. Some hours later he went back with the coroner, opened the body again, "milked" the artery, which he had neglected to do at the first examination, and found the cut.

When the case came to trial the doctor was put on the witness stand, his blunder shown up before a court-room full of people, with the impression added that he had cut the hole in the artery himself during his first examination. The guilty husband was acquitted.

In a small town where the writer was located a few years ago, a young man stabbed a fellow workman with his pocket-knife, the wounded man dying forty-eight hours afterward. The physicians in charge, for some cause, did not make a post-mortem examination on the body. When the case came up for trial the defendant's attorney proved by these doctors, to the satisfaction of the court, the jury, and the people present that they knew nothing about what caused the man's death. The only thing they knew for a certainty was that he was dead. The jury's verdict was not guilty. The judge sentenced the not guilty man to serve two months in the county jail. We have never been able to solve the problem why he did so, unless the prisoner had not used a knife large enough upon his victim to give the doctors more internal light upon the subject.

Several weeks ago a married woman living in a city of this county died suddenly, after a short illness.

At different times prior to this last illness she had made the request that when she died some doctor should hold a post-mortem examination on her body, as she was afraid her husband would poison her. A number of stories were in circulation among the people of the place that the husband had been cruel to her; had cursed and beaten her at times and in other ways used her most shamefully.

The physician in charge of the case found a waxy appearance of the skin and puffiness under the eyes, though no arsenic had been prescribed.

When the requested post-mortem was held four physicians were present. The stomach and contents, with a small tumor attached, which was supposed to be cancerous, was taken out, the whole mass put into a glass jar and brought by one of the doctors who was present at the so-called inquest to a chemist in this city for

analysis. He found arsenic in the contents of the stomach.

Nothing was done legally so far in this case; coroner not present; contents of stomach carried around the county in an unsealed jar. Organs and their contents now rendered worthless as evidence. If a crime was committed the criminal has been given all the beneficial doubts he could wish for. The whole proceeding would be thrown out of court as illegal and the physicians who were present at the examination placed in the very unpleasant position of having their blunders fully exposed before the people.

If the case ever comes to trial; if the husband who is under suspicion is an innocent man he should have been placed in a position to prove it, and if guilty, the State demands the right to be placed in a position to mete out the justice he so richly deserved.

In expert testimony the doctor ought to avoid all technical terms, if possible. If impossible, he should explain them, as his evidence is not for the benefit of the court the contending attorneys or the public, but for the jury.

It is presumed that he is a medical expert on any of the points in the case in which he is called as a witness, to be proved or disproved. So he should be very careful and tax his memory well before answering questions put to him.

We believe there is no place before the public where the doctor can bring the knowledge of the medical profession into more disrepute than by making mistakes as an expert witness.

In one of the courts of this county, last fall, a man was tried and convicted for the murder of a young woman on the beach at Long Beach, this county. It is not the writer's intention to go into all the details of the case, but to give you in a crude way a part of the expert testimony as he remembers it, nor will he try to give you the long hypothetical question, pro-

pounded by the attorney to five physicians called as expert witnesses for the defense, but the meat or substance of it.

Suppose a man aged about fifty-six years, a shoemaker by trade; served three years in the war of the Rebellion; prior to coming to this State was struck on the head and knocked senseless both times, once with a crowbar and once with a fence-rail. Since residing in this State has changed his place of residence ten or twelve times in as many years, with no apparent cause for moving, working at his trade of selling and mending shoes in all the different places he has lived. Left his family a few years ago without a cause, not telling them where he was going. For the last year and a half lived in Long Beach.

Has suffered with pains in his head ever since he received the injuries before-mentioned; for relief of these pains drank a considerable quantity of alcoholic stimulants all the time. For six months prior to the murder, drank from a pint to a pint and a half every night, alone in his room.

Two weeks prior to the crime, had an attack of the grippe and voluntarily quit his drinking.

Had horrible dreams at night, waking from them covered with cold perspiration. Imagining he heard people whispering; thought they were talking and plotting against him.

The morning of the murder, mounted his bicycle at his residence, rode more than a mile, met a young woman on the beach with whom he had always been friendly. Shot her twice with a pistol. Then, turning the weapon upon himself, shot himself in the head, the bullet entering near the right ear and coming out through the right eye.

Was not conscious for several hours before or after committing the crime.

Now, doctor, what disease, if any, would such a person be suffering with?

All five physicians answered—delirium tremens.

As a class lawyers are not considered very good diagnosticians.

This hypothetical question is nothing more nor less than an attempt to diagnose a case of delirium tremens, and yet this so-called diagnosis, with all its faults, was backed up by five prominent physicians of this city.

If any five men of the same prominence in our profession would back up some unfortunate or ignorant medical brother when he had made as faulty a diagnosis in any case, we could soon add brotherly love to the too short list of professional courtesies.

Let us look into a few of the many mistakes made by the medical (?) lawyer and backed up by the experts in this case.

We surely have alcoholic liquors enough to give us all the premonitory

symptoms of that disease, delirium tremens.

And most of us would suppose, from the quantity taken by the man in those six months, we would have a good deal of delirium, and not a few tremens.

But at that stage of the disease you would expect a man to be in his bed, lying, instead of being able to mount a bicycle, ride a mile, and shoot a woman.

Is there any need, after giving the brief outline of these several cases, to ask the question: Why the Supreme Court of this State looks upon expert testimony with suspicion.

Another expert in the last case was asked the question whether Tayler's medical jurisprudence was considered an authority by the medical and legal profession. His reply was: "I do not know." Let us draw the curtain.

COMBINED ANESTHESIA BY BROMIDE OF ETHYL AND CLOROFORM OR ETHER.

BY F. D. BULLARD, A.M., M.D., LOS ANGELES, CAL.

A short article appeared in the New York Medical Journal of April 28th, 1900, advocating the preceding of ether anesthesia by the administration of ethyl bromide, and based this statement on a few cases thus treated this year. I would briefly state my experience on this point, as this has been my custom in selected cases for nearly a year. I began using ethyl bromide for short operations in March, 1899. On investigation, I found that bromide of ethyl anesthesia had been followed by chloroform with success on dogs. I, therefore, carefully administered these drugs in appropriate cases. My first administration of bromide of ethyl followed by chloroform was April 30th, and bromide of ethyl followed by ether June 14th, 1899. Since then I have used the combined an-

esthesias over one hundred times, and in some instances have followed the bromide with both ether and chloroform. At first I had separate inhalers for the bromide and for ether, but for the past two months in ninety consecutive cases I have employed these two anesthetics in tandem in the same inhaler.

One great objection to bromide of ethyl is that frequently there follows a most disagreeable odor, like that of garlic, which odor may persist for several days. I have found that the odor is in direct ratio to the amount of ethyl bromide used, so I presume that the bromine forms some organic compound in the body that is eliminated by the lungs.

I now use ethyl bromide in small doses, having it put up in sealed tubes

containing one-quarter or one-half an ounce. My method is as follows: I break a quarter-ounce tube and empty its contents into a closed inhaler and instruct the patient, after three short breaths, to inhale deeply. In from fifteen to sixty seconds the patient is unconscious and in over 90 per cent. of the cases, without any disagreeable sensation whatever. At the end of a minute I put a half-ounce of ether in the inhaler, and before the patient comes out from the anaesthesia produced by the bromide of ethyl, he is fully under the influence of ether. I have found there is no, or but very slight, struggling between the two anesthetics. And if I use only quarter of an ounce instead of, as formerly, an entire ounce of the ethyl bromide, there will be no disagreeable odor.

Ethyl bromide quickens the pulse, reddens the face, causes rigidity of the muscles, dilates the pupils and stimulates the respiration; there then follows holding of the breath for an instant, but if the anesthetic be crowded for a few seconds, the breathing becomes longer and easy and the jaws begin to relax, but even then the pupils are dilated and the corneal reflex present. This is the operative stage and is usually attained, even in adults, in about one minute, and continues from two to three minutes. But for the production of insensibility only a small amount and a short time is required.

In none of my combined anesthetics have I had any trouble, except, of course, the vomiting which sometimes follows ether or chloroform. After the administration of bromide of ethyl alone I have seen vomiting that could be attributed to the drug only twice.

Only once during its administration was the patient pale, and I immediately ceased giving the anesthetic and applied restoratives. This occurred in a room where the air had been contaminated by escaping gas, and, too, when I used a tube which had been opened the day before. Since then I employ only freshly opened tubes, and see to it that the air of the room is pure. Pallor is an absolute contra-indication to the continuance of the bromide of ethyl.

I am now using the combined anesthetics as a routine practice, gaining thereby complete anesthesia in from three to five minutes. I believe, also, that I obtain this result with additional safety, having all the advantages of easy administration of chloroform and the safety of stimulation of ether. From an experience of some two thousand administrations of anesthetics, I am fully convinced that the combined anesthesia of bromide of ethyl and ether administered successively is at the same time the safest and easiest method yet devised.

The almost immediate recovery from bromide of ethyl anesthesia is the strong argument for its use in short operations. From the ease of its induction it is especially indicated for nervous patients or where the patient has previously taken an anesthetic badly. Only last week I used the combined method on a patient who at a previous administration consumed a half-hour's time and nearly a pound of ether. This time for the same operation I used but a quarter of an ounce of the bromide of ethyl and two ounces of ether, the patient losing consciousness in less than ten seconds.

TREATMENT OF COMPOUND FRACTURES.*

BY JOSEPH NUTT, B.L., M.D., SAN DIEGO, CAL.

In the treatment of compound fractures the surgeon finds a wide range for the exhibition of his skill in modern surgery. Oftentimes the questions he has to decide and the work he has to do calls for more experience, more "savoir faire," than an operation for rupture of the bladder or an hysterectomy. The surgeon is no longer the man who treats every case with the knife. He does not now hold that instrument as the "sine qua non" of his branch of the profession. Nor, on the other hand, will a good surgeon boast of his conservatism. The surgeon of today, of this decade, and the only man fit and able to practice or advise in surgical cases, is the man who by study and work and experience has made himself familiar with surgical diseases and injuries, so that he is able to prognose the outcome with this treatment and the outcome with that treatment. He must be ready to operate where operation is necessary and just as ready to withhold the knife where that course is possible. He must have that confidence in himself which is alone born of experience and not conceit.

Compared to what it was twenty-five years ago, surgery today is a new art. To Lister is due all honor for the introduction of antiseptic methods, but antisepsis has only made modern surgery possible, and is no more than its mother. The surgery of Willard Parker is a very distant relation to the surgery of today. It is not only that now so much may be done with absolutely no danger to the patient, but just as wonderful is it that so much may be left undone if cared for and watched by a competent surgeon. In the treatment of compound frac-

tures we find a beautiful illustration of what modern surgery has done to relieve suffering and prolong life. Formerly the hospital records showed the mortality of this class of cases to be between 80 and 90, or even 95 per cent. Today the figures may be exactly turned around and a mortality of 10 per cent. would be too large except in hospitals which treat many fractures of the bones and where many cases are brought in moribund.

In making the diagnosis of compound fracture, the greatest care is necessary. A small puncture wound may be easily overlooked and mistakes in diagnosis of fractures of the skull are too common to reflect much credit upon some surgeons as diagnosticians. Upon no account should the finger or an instrument be used until it has been rendered aseptic and the wound been cleansed as well. If the wound is large enough the finger is much to be preferred to a probe.

In severe wounds of the head, involving both the scalp and the vault, the result depends almost entirely upon the thoroughness of the cleansing and the promptness with which it is done. Septic infection and meningitis are no longer the great bugbears in those cases. In illustration I quote from two cases. The first shows the treatment and ready recovery in a case of depressed fracture.

Angelo C., admitted to Bellevue Hospital July 23, '99. At time of admission was unconscious. No other history than that of a fall came with the patient. Apparent age about 35. Examination showed:

Inspection—Lacerated wound of scalp over upper portion of frontal

*Read before the San Diego County Medical Society, April 6, 1900.

bone, on left side. Had a number of convulsions, general in character.

Palpation — Showed the scalp wound to have ragged edges and to extend to bone beneath. The bone fractured. A portion about the size of a half-dollar depressed to the depth of about one-sixteenth inch. No oozing of brain substance.

Mensuration—Showed scalp wound to be one and three-fourths inches in length.

Passive motion—Showed no signs of paralysis.

Heart—Apparently normal.

Lungs—Normal.

General condition—Good.

Urine, drawn, ———Light straw-color; acid, 1016; no albumen; phosphates; no casts; no sugar.

Temperature, pulse, respirations—Upon admission, 99-2, 90, 28.

Preparations ordered made for immediate operation. Entire head shaved. Scalp, including the wound and the face—in fact all above the neck—received a thorough scrubbing with hot water, tincture green soap and brush. This was followed by a washing with bichloride, 1-5000, then H₂ O₂, and again bichloride, 1-5000. Sterilized towels were placed about the head while the surgeon again washed his hands and arms. After that another bichloride scrubbing was given and followed by chloride of lime and soda bicarbonate. This was scrubbed over the scalp and in the neighborhood of the wound, care being taken not to get it into the ears or eyes. This was washed off with saline solution and then a mixture of alcohol and ether applied and then sterilized water. A wet bichloride dressing 1-10,000 was applied and bandaged in place.

As soon as the patient was anesthetized, the dressing was removed and the parts subjected to another cleaning with bichloride, alcohol and ether, and sterile water. A semicircular incision was made, including the original

wound in its line. The flap was laid back with the periosteum. The bone surrounding depressed portion was cut away with the chisel; depressed place removed; inner table found to be fractured over greater area than the outer. These fragments removed and then opening enlarged with the rongeur to find a bleeding point, which was discovered to be in the dura. This was stopped by catgut suture. Dura was torn for one-half inch and this was sewn up with catgut.

Hemorrhage—Amount small; controlled by clamp, hot saline and catgut.

Drainage—Rubber tissue. Sutures, dura, catgut, skin; silk.

Dressings—Sterile gauze; shock, moderate.

Treatment—Hot water bags to legs, feet and precordium. Ice cap. Stimulation by strychnine.

Reaction—Fair.

July 2—Drainage removed. Wound apparently healthy. Patient perfectly conscious. No signs of paralysis.

July 28—Sutures removed. Slight separation of wound at one angle; otherwise primary union.

July 31—Patient discharged cured.

The other case I report to show how great may be the chances of infection and yet anything more than a local disturbance prevented.

Hyman F. Age, 14. A. D. T. messenger boy. Admitted to Bellevue Hospital June 24, 1899. Family history, personal history and habits negative. Present injury—was struck by a car and crushed beneath fender and pavement. Brought in by ambulance. At time of admission patient in shock.

Temperature, pulse, respirations—97-2, 16, 80.

Urine—Amber; acid, 1012; trace albumen; no sugar; no casts.

Examination—Complete separation of all the soft tissues from the bones on the right side of the face, leaving the right eye-ball without any cov-

ering whatever. Scalp wound extending in the median line back to parietal bones. Fracture of right malar bone; right superior maxillary bone; complete destruction of nose; linear fractures of frontal bone. Large flap of skin and underlying tissues from left side of face. All the tissues had dirt and dust ground into them. There were also simple fractures of both bones of left forearm at junction of upper and middle third.

Heart and Lungs—Apparently normal.

General condition good, considering shock following injury.

Treatment—All tissues thoroughly cleaned, scrubbed and shaved; loose pieces cut away and small fragments from outer table of frontal bone removed. In replacing flap I found both lids gone and nothing but a hole in flap to place over eye-ball. Flaps held closely in place with adhesive plaster.

Drainage of rubber tissue inserted and sterilized gauze dressing applied, enveloping outer head. Nothing but mouth being left uncovered. Chloroform was used in small quantities during dressing.

Forearm put up with anterior and posterior splints.

Dressings reapplied in ten hours, and after that twice and three times a day as found necessary. The discharge from the wound was profuse during first four or five days, when it began to lessen in quantity. As the wound extending up into forehead began on the other side of the face—upon the left side—about one-half inch below and an inch to the outer side of the inner canthus of the left eye, the greatest care was necessary to prevent infection of left eye. The right eye showing signs of infection, I determined upon its removal to prevent possible meningitis or septicemia. On July 3d, patient was put under ether and the eye excised. An attempt was made to leave the capsule of tenon,

but infection having already proceeded back of it, the orbit was emptied of its entire contents. The parts were thoroughly cleansed and iodoform gauze drainage and rubber tissue applied. The flaps of the other wounds were trimmed off wherever unhealthy. The bones were scraped with the hebrascope and pieces removed with the rongeur whenever necrosis was apparently commencing. Silk sutures used where possible. Dry gauze dressing applied. The wound was now dressed every day. All dressings being removed, orbit washed with peroxide and bichloride and packed with gauze drainage; iodoform, balsam peru and sterile gauze being used as indicated. Rubber tissue was kept over left eye to prevent infection.

July 24—Orbit apparently clean. Slight discharge from other wounds.

August 1—Piece of bone $1\frac{1}{2} \times 1$ inch removed from scalp wound, apparently from outer table of frontal bone.

August 3—Piece of bone size of cent removed. Apparently part of nasal or superior maxillary bone.

August 6—Sound eye left out of dressings.

August 20—All wounds apparently healthy. Orbit nearly filled with granulation tissue. Wound size of a dime uncovered by skin and opening posteriorly into nasal cavity still persists over bridge of nose. Scar over forehead three or four inches in width, extending down to opening over nose and then onto left cheek. Soft parts of nose—at least tip and alae—left but flattened out. Scar from right ala upwards and inwards to wound over bridge of nose. No skin over orbit and but a bridge of skin between orbit and nasal wound.

August 31—Patient discharged, to return for plastic operation.

In compound fractures of the bones of the head, the following treatment should be followed: The scalp is shaved—and in the case of a man,

the face as well—face, head, neck and ears scrubbed with hot water and green soap; mouth and nose washed out with saturated solution of boric acid; ears syringed out with bichloride 1-5000; cotton, sterilized, is placed in the ears; ice cap applied and patient stimulated as indicated. Narcotics should be used freely, if necessary. Any restlessness must be kept under control. Sand bags to the sides of the head and neck will assist to immobilize. Starch or plaster of paris bandages are not advisable. Nourishment to be given by enema, if necessary.

Fractures of the nose or of the lower jaw are usually compound. Boric acid solutions are sufficient to prevent infection where the compounding wound is within the nasal or oral cavity. External wounds are treated as in any other locality.

In cases involving the long bones the treatment must depend very greatly upon—the general condition of the patient; history; extent of the injury; hemorrhage, and whether the compounding took place from within or without. The general condition and the previous history aid us in determining how well the patient may resist toxemia, septicemia, and how well he is prepared to undergo a long illness. Often the attempt to save a limb is not warranted on account of the greater danger to the patient's life. A man whose arteries have suffered no sclerosis, whose heart and lungs are normal and whose liver and kidneys are in good condition can resist infection to a wonderful degree and is well equipped for a bacterial contest. If, however, you handicap any of these organs you are interfering with the means of distributing the defending forces, or with the general who sends the forces where needed, or the recruiting station where fresh forces are gathered, or the ambulance service which removes the useless ones

and revives them where possible, or excretes them where necessary.

Besides resisting invasion and absorption, the weak and lesioned heart has hypostatic pneumonia to contend against, and the alcoholic—by no means the excessive indulger, either—has delirium tremens and wet brain, as very possible complications.

Therefore in these cases, where the patient is old, as judged by his arteries or his primary anemia, or is on the verge of delirium tremens, drainage will be necessary, where in all probability the wound cannot be rendered perfectly sterile and where the injuries at the best will necessitate two months or more of confinement in bed, the best judgment will demand an amputation if that operation offers an opportunity for primary union and the patient's being in a chair within ten days and up and about within two weeks.

The extent of the injury, hemorrhage, and whether the compounding took place from within or without, must be considered collectively in deciding upon treatment.

If the compounding is made from without, as a wagon wheel passing over a thigh and making a lacerating wound extending to the femur and a fracture of that bone. An anesthetic must be given. The wound, and skin some distance from wound, must be subjected to a thorough cleansing. Shaving must never be omitted, and plenty of green soap and hot water must be used, followed by antiseptic solutions. After that the operator should remove all crushed tissues and shreds which would probably necrose and thus delay union and form a nidus for the growth of cocci. Drainage must be placed in the most dependent parts, openings being made by the surgeon, if necessary, through the posterior part of the thigh. The amount of hemorrhage in such a case need not affect the treatment of the wound.

In a fracture where the compound-ing has taken place from the piercing of the soft parts by one of the fragments, an anesthetic is not always necessary. A thorough surgical cleaning of the surrounding tissues and then as thorough and careful a cleaning of the wound as possible will often suffice. Here again, however, experience must be the best judge. Where an anesthetic is to be dreaded, the ability to judge of its necessity is of the very greatest importance—just as difficult and just as important as to judge of the necessity for an operation in a case of acute appendicitis. In those cases where a fracture has occurred and with it a small punctured wound by some sharp, reasonably clean instrument, which compounds the fracture, a thorough cleansing with drainage (if the wound is large enough), for thirty-six hours, is quite safe—and especially so if much hemorrhage has occurred. The gushing out of the blood not only prevents the lodgment of bacteria, but washes out any that may have been carried in by the instrument producing the wound. Cauterizing of small punctured wounds should be practiced, either with pure carbolic or the Paquelin cautery, where the instrument causing it is known to have been particularly dirty, as a meat hook or a rusty nail; and, furthermore, it is a good rule to follow in a locality where tetanus is feared.

It is needless to say that all compound fractures of the long bones are to be treated as simple fractures as soon as they become such.

In a compound fracture, which extends into a joint, as the knee joint, for instance, the prognosis immediately becomes graver. Though the wound be slight, no hesitation must be allowed as to immediate and thorough treatment. When, in the case of a compound fracture, infection has

taken place and the most active treatments in opposition and immobilized, care must be taken to keep the fragments in apposition and immobilized. There are several methods of accomplishing this end, and the choice must depend upon the size of the wound to be dressed, and the situation of the fracture. Stimson's plaster stirrup is adaptable to a great many cases. In an infected compound fracture of the knee I have used a plaster extending from the toes up to the tubercle of the tibia, and then another beginning just above the knee and making a spica of the groin, the two held solidly and firmly together by three pieces of iron, each of them so bent as to form an omega, with the two legs five inches long, embedded in the plaster above and below the knee which it immobilizes perfectly; it also permits of the application and removal of dressings. In delirium cases it is sometimes necessary to apply a plaster over the dressings. This causes a great deal of trouble and work by the necessity of frequent applications, but I know of no other way which is perfectly safe.

Fenestrated plasters are excellent where the wound is not too large. The best method of application is to put four pieces through the flannel beneath the plaster, with their heads toward the dressing and points out, thus making the necessary space for dressing. Each turn of a plaster roller which comes over a pin is pierced by it and thus the exact location for the fenestrum is known. The plaster should not be cut until necessary to dress the wound, as, if cut too soon, the soft parts about the border of the fenestrum are the more likely to swell and give pain. The constitutional treatment of compound fractures resolves itself into the treatment of symptoms. All the organs should be

kept in as good condition as possible, as there is a greater demand made upon them all than they are accustomed to withstand. Stimulants for the heart during the first few days are indicated, and may be necessary for weeks. The bowels must be kept open, and the kidneys should be flushed. I know of nothing better than liquor ammonii acetatis, in doses of oz. i. to aid in elimination. Liquor ammonii acetatis and strychnine will often avert delirium tremens. The temperature should be taken every three hours for a number of days, or until all danger of infection is passed. If the temperature rises the wound should be immediately dressed, and usually some retained discharge will be found. It must be remembered that a rise of temperature may be caused by iodoform poisoning, by constipation, and, immediately following an injury, by absorption of uninfected matter. There is also to be considered as possible causes of a temperature following compound fractures the concomitant occurrence of pneumonia, pleurisy, peritonitis, meningitis, or one of the infectious fevers. An examination of the blood may disclose the presence of the plasmodium of malaria. Yet, although there are so many possible causes, it must be remembered that the probable cause of a rise in temperature or an acceleration of the pulse will be found at the site of the compound fracture.

In conclusion, I would sum up the modern treatment of compound fractures into eight rules:

First—Delay treatment as little as possible. Every minute is of countless value.

Second—Surgeon should wash his hands thoroughly and have 1-2000 bichloride solution in which to frequently rinse his hands and arms.

Third—Shave wound for a distance of several inches around wound.

Fourth—Remove all foreign bodies, Use a brush with hot water and soap to clear away all dust and grease. Use scissors to remove shreds and portions of lacerated tissues which have no circulation or which are so ground up with dirt as to be practically worthless.

Fifth—Use disinfectants only after soap and water have removed all within their power to remove.

Sixth—The surgeon should now prepare himself as carefully as he would for an operation, and having placed sterilized towels about the wound, should again flush it out with large quantities of bichloride and follow this with sterilized water.

Seventh—Drainage should be placed in the most dependent parts. It is highly essential that the exit of the drainage be at a lower level than the part within the wound. The vis-a-tergo action expected of gauze drainage is not to be depended upon.

Eighth—Immediate amputation in cases involving the long bones need only be considered when it is a question as to the patient's general condition being such as to successfully undergo prolonged confinement in bed, or to perfectly resist infection.

Amputation after traumatism and fractures accompanied by lacerating wounds involving the entire circulation of an extremity will of course demand such treatment as is indicated by each individual case.

SELECTED.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN
THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALI-
FORNIA, AND ROSE TALBOTT BULLARD, M.D.

A PALLIATIVE OPERATION FOR INOPERABLE CARCINOMA OF THE WOMB.—Kustner (*Centralblatt für Gnakologie*, April 7, 1900, p. 361) describes an operation devised by himself and intended as a palliative in cases of inoperable carcinoma of the uterus.

With scissors and thermocautery he removes as much as feasible of the necrotic cancerous tissue and inserts into the vagina a tampon saturated with alcohol. He then creates a large rectovaginal fistula, the edges of which he sutures with catgut. Through this opening and through the anus he leads the tape holding the tampon. He now denudes as much as possible of the vestibular portion of the vulva and approximates the sides, thus closing the passage with silkworm-gut. On the fourth day after the operation he removes the tampon per rectum. Any fistula due to stitch-abscess are to be closed as early as possible.

The obvious advantage of this procedure lies in the possibility of subjecting the extrusion of offensive discharges to the control of the anal sphincters, and to enable these unfortunate patients to remain in their families without awakening uncontrollable disgust. The artificial fistula should be kept patulous, and disinfectant—non-poisonous—irrigations may be made for the sake of cleanliness. Several cases which he subjected to this operation have proven most satisfactory.

A NEW AND SIMPLE METHOD OF STERILIZING CATGUT.—C. A. Els-

berg (*Medical Record*, May 5 1900) gives a method for sterilizing catgut. The writer says that the catgut should be freed from fat by immersing in ether or chloroform for twenty-four hours and then tightly wound in single layers on suitable spools. The spools are boiled for from ten to thirty minutes in a hot saturated solution of ammonium sulphate in water made by adding chemically pure ammonium sulphate to boiling water until no more will dissolve. Two per cent. carbolic acid solution may be substituted for the water if a quicker sterilization (three to ten minutes) is desired; or 1:1000 chromic acid solution, if the catgut is to be chromicized. The spools are thoroughly washed by agitation for from one to two minutes in cold, or, better, warm sterile water, carbolic acid, or bichloride solution of any strength. The catgut spools are preserved in strong alcohol. For sterilization the catgut spools are boiled for from five to fifteen minutes in any of the solutions, and washed as described.

ACUTE SEPTIC METRITIS AND PERITONITIS.—Egbert H. Grandin, in the *American Journal of Obstetrics* for April, recommends an exploratory abdominal section in obscure cases, sapremia having been ruled out and the symptomatic picture being of that type which lymphatic sepsis assumes.

In the presence of absolute indications it is not such a hard thing to operate, but if we wait for these it will be a hard thing to save the patient.

Sapremia is local from the start and the proper local treatment usually brings the patient around all right. But in those cases where the streptococcus gains access through some abrasion, the disease is general, or as he calls it, "lymphatic infection."

He reports two cases operated on with the best results, and concludes that while the vast majority of cases of puerperal infection recover under minor operative measures, about one per cent. die notwithstanding operative treatment, except where such treatment is resorted to early.

A *sine qua non*, therefore, is early diagnosis.

On the occurrence of septic phenomena in the puerpera she should be subjected to a most thorough physical examination, preferably under anesthesia, for the purpose of differentiating saprophytic and streptococcic infection.

Sapremia (saprophytic infection) yields to local operative measures, except where expectancy has ruled or streptococcic infection has been superadded. In such event major operation may be called for; as a rule, however, at a remote period from the date of initial infection.

When the clinical phenomena are of low grade, in particular where the pulse is rapid in proportion to the temperature—a warning of general systematic infection—sapremia having been ruled out, even though definitive focus of infection in the pelvis cannot be located (other sources of systemic disturbance such as pneumonia, urinary toxemia, etc., having been excluded,) exploratory abdominal section is indicated for absolute diagnosis. Thereby early removal of the infectious nidus (be it tube or ovary or uterus, or all) becomes feasible before the system at large has been surcharged with infectious elements, when it is folly to expect aid from

surgery of either minor or major type.

These conclusions will hold even though it is recognized that ordinarily we deal, not with pure infection, but with a mixed type, the clinical phenomena varying according to the predominance of one or the other recognized infectious element. It is for this reason that we cannot expect tangible results, as yet, from the serum inoculation treatment of puerperal sepsis.

The streptococcic type of infection is so exceedingly rare that only exceptionally is hysterectomy demanded in the puerperal state.

DIFFUSE SEPTIC PERITONITIS.—Geo. R. Fowler, in the Medical Record for April 14th, gives a new method of treatment for this condition, namely, the elevated head and trunk posture to facilitate drainage into the pelvis.

He says that virtually the peritoneum is an enormous lymph sac and therefore peritonitis is lymphangitis.

He claims that not all of the regions of the peritoneum has the same physiological power of absorption, but that it is greatest in the region just beneath the diaphragm next in the intestinal area, and least so in the pelvis.

It will be noticed that his position is just the reverse of that advocated by Clarke. The angle assumed has varied in his different cases, but he insists upon the elevation of the head of the bed at least twelve to fifteen inches from the horizontal.

To prevent the patient slipping down a large pillow is placed folded beneath the flexed knees and upon this the buttocks rest. The pillow is prevented from slipping by a piece of stout bandage passed through at the folded portion and secured to the sides of the bedstead. Drainage is cared for by large glass drainage tubes which are frequently aspirated.

In nine consecutive cases treated by this method all recovered, while in nine cases treated by the ordinary method five died.

ETHER IN OBSTETRICS.—Dr. C. S. Bacon of Chicago, in *The Clinical Review* for June, 1900, says in the course of an article on obstetric operations:

An anesthetic is given for the purpose of preventing pain and securing better work. It should generally be administered for forceps operations unless exception be made of forceps at the outlet. It should always be given for turning and should generally be used for repairing tears in the perineum.

I believe that ether is the best anesthetic to use. It has been shown by numerous observers that ether interferes with the contractions of the uterus less than chloroform. It is also much more safely administered by the untrained assistant that we frequently have to put up with. It is a much more pleasant anesthetic to give at night, if a little care be taken to prevent explosions. Chloroform, when given in the presence of an open flame, decomposes and forms a very irritating gas. For these reasons, after an experience with ether in obstetrics for three years, I have come to use it exclusively in all obstetric work.

Ovariectomy by Andrew Jackson. Formerly it would have been almost certain death to open the abdomen, but now it is done with a mortality, in the hands of the expert, of from 2 to 5 per cent. Ephraim McDowell, a Bishop in the Priesthood of Surgery in the backwoods of Kentucky in 1809, opened the abdomen for the first time in the history of the world and removed the first large tumor. It was before the days of anesthesia. No living surgeon would dare to do the operation today with

the imperfect and primitive methods which McDowell commanded. A mob clamored at the door, crying that if the patient died his life would pay the penalty. Doubtful of the issue of the day, but fearless still, he wrote a beautiful prayer and placed it in his pocket, that in the event of the brave woman's death and his own destruction, it might, perchance, fall into the hands of his beloved wife, that she at least might know the sincerity of his purpose.

While the entire civilized world was yet in ignorance of the possibility of this operation, it was again performed by McDowell only twelve miles from where we are assembled tonight. He had on this occasion no less illustrious an assistant than our own Andrew Jackson. When the great surgeon went to have the check cashed in a little bank in this city, he found it was for \$1,500 instead of \$500. He dispatched a runner to the vicinity of the Hermitage to have the error corrected, but received in return a message saying it was not a mistake, and the only regret was that the check could not call for more.—From the address to the graduating class of the University of Tennessee, by Dr. W. D. Haggard, in the *Southern Practitioner* for May, 1900.

"My faith looks up to Thee," is a beautiful picture sent out by the Antikamnia Company. We saw evidences of gross injustice in a residence yesterday where a doctor's wife had artistically tied a ribbon so that it covered the monogram A.K. and the words "First Relief of Pain." We thought the picture might well say as Ben Butler once said in Congress: "What are we here for?"

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EDITORIAL.

The Riverside Meeting.

While we gave a general outline of the work of the Southern California Medical Association at their late meeting in Riverside, yet at the same time we feel that some special mention should be made of its unusual success.

There probably never was a meeting where the scientific papers were listened to more carefully or where the discussions were more spirited. As to the value of these papers, our readers can see for themselves, as they are all being published in this journal.

Dr. H. Bert Ellis made an ideal presiding officer, allowing the proceedings at no time to drag in the least.

The banquet at the Glenwood Tavern was an occasion of feast of reason

and flow of soul. Dr. King of Banning, broke the record as toastmaster, his sallies of wit and sarcasm being constantly greeted with rounds of applause. In fact there was so much good natured sarcasm in his remarks that before the evening was over he became known, not as the toast master, but as the "roastmaster." At one o'clock in the morning, Dr. King announced that the banquet was now closed and that we would all repair to the parlors of the hotel and spend the "balance of a delightful evening" in getting better acquainted with each other. We believe that the presence of the ladies that evening greatly added to the general delight of the occasion.

Riverside did herself proud in this whole affair, and all the visiting phy-

sicians and their families went away delighted with their stay in the "Orange Grove City."

L.

Hyphenated Curettements.

"The curettement of the uterus is by far a more dangerous operation than that of abdominal section, and I think the concensus of opinion of gentlemen who have had a large hospital experience will be that more women are crippled for life by the use of the curette, either dull or sharp, in the hands of an incompetent general practitioner or a gynecologist in embryo, than any other one procedure in surgery. I have, myself, removed not less than thirteen uteri subsequent to incompetent curettement."—B. Sherwood-Dunn (Inter. Jour. of Surg.)

Referring to the above, our hyphenated bird of passage should have added that castor oil is a far more deadly poison than arsenic, and that goat's milk is more intoxicating than brandy.

What an unlucky number thirteen is, too. Those thirteen extirpated uteri! Well, I wonder if it was B. Sherwood who promulgated the theory that potatoes were the cause of diphtheria because on investigation he discovered that every victim of diphtheria was a potato eater.

L.

An Ambulance Surgeon's Diagnosis.

"A young man in Brooklyn a few days ago became engaged in an altercation with a fellow passenger in

a street car and was struck by him with a cane. The man acted strangely and the police called for an ambulance. The surgeon who came with it diagnosed the case as one of plain drunk, and the man was accordingly arrested and fined \$5.00 in the police court. The following day he died, and an autopsy showed the existence of a fracture of the skull."—Medical Record.

We feel like taking that young ambulance surgeon by the hand. The above item calls up a host of reminiscences. When we become reminiscent we confess approaching senility, but we must turn our thoughts backward now and then.

It was in 1874 when we were ambulance surgeon for the Brooklyn Board of Health that we were called in haste to the scene of a drunken brawl. A fat man was lying limp in the corner of a card room and we expressed our opinion that he was simply drunk, as we could find no external bruise. However, as a precaution, we sent him to the King's County Hospital. He died three hours later. Autopsy showed a ruptured intestine which was doubtless caused by a kick on the abdomen. The coroner let us down easy for which we have ever since been duly grateful. L.

A Delightful Humorist.

Our good neighbor, The Medical Sentinel, has on the title page of its May issue an excellent portrait of the late Corydon L. Ford.

For over a quarter of a century Dr. Ford was the professor of anatomy in

the Long Island College Hospital and was admired and loved by every student. Besides being a great anatomist, a delightful vein of humor ran through his lectures on the dryest subjects.

L.

Expert Reports on Plague.

Bubonic plague, foreshadowed editorially in our April issue, is stirring up a great commotion in San Francisco.

Dr. Geo. F. Shrady, sent by the New York Herald to investigate, when plied with questions by Governor Gage and Attorney Shortridge admitted that he could not say of his own knowledge that there had ever been a case of bubonic plague in San Francisco. He did state positively that there was not a case now existing.

S.

A Word of Welcome.

To all the medical graduates of the year, the Practitioner offers greeting and wishes for success in their profession.

Perhaps a few words of suggestion will not be amiss, because they are offered in kindness and from a wish to be of use to you.

You will notice at once that there are no openings for you as business chances. The profession is overcrowded, so take up seriously the first chance that offers.

Be faithful to your ideals, and do not forget to study some every day. Keep your eyes and ears open and your mouth shut. Do not fail to cultivate good people, good books, good music, good manners.

Live as if each day were final. The business of medicine needs careful at-

tention. No transaction is too small for record. Send regular bills to all patrons, and insist on a fair settlement. Finally, keep your temper with ignorant people. Bear patiently with the sick, vicious and hysterical; cultivate, in short, the broadest possible views of your noble profession. A doctor is something more than a bone-setter, or a vender of pills. He should take an active part in the business, education, politics and government of the community he serves. Let your motto be: Honesty, reliability, patience, and you will gain true success.

C. G. S.

Papers from Southern California Medical Society.

Dr. E. R. Smith, Los Angeles—"The Treatment of Uterine Fibroids."

Discussions.

Dr. W. W. Beckett, Los Angeles.

I have had but one case of uterine fibroid which I treated by ligation of the uterine arteries. In this instance the hemorrhage from which the patient was suffering ceased.

In another instance, where, on account of the condition of the patient being very exsanguinated, I did not dare to attempt the removal of the fibroid, I performed ovariectomy instead. The operation was quite successful as the uterus decreased one-third in size and the patient is now enjoying good health.

Of course in all case where it is possible the uterine fibroids should be removed. The great trouble is that the surgeon sees the case when it is too late. It is a simple matter to re-

move the fibroid when it is small; and then again it has the advantage of being a very much less dangerous procedure. It must be remembered that malignant degeneration sometimes occurs in fibroids, especially after the menopause.

Dr. George W. Lasher, Los Angeles.

I have used the thyroid extract in the treatment of uterine fibroids, but with no result. In one instance, where it was impossible to remove the tumor, I resorted to castration. In my opinion, malignant degeneration of fibroids is rare. Of course, if the patient consents, it is feasible to remove fibroids early but if the fibroid is a very large one and the dangers from operation correspondingly increased it is a question whether if there are no compression symptoms present it is feasible to insist upon an operation.

I have in mind now a case which I saw a year or more ago, and which would not then consent to operative interference, but which, returning to me a year later, was found to be very much increased. The patient went to San Francisco, and although operated upon by one of the most capable surgeons on the Coast, died the same day.

I believe that, if possible, myomectomy in appropriate cases is by all means the best operation. If an operation is indicated from hemorrhage or otherwise this operation, if it can be performed, is the one, no matter how old the patient, be the ovaries as small as beans and the fibroid no larger than a walnut.

Dr. Walter Lindley, Los Angeles.

I don't believe it is often advisable to enucleate the tumor from the uterus, but I can see no advantage in leaving a mutilated organ behind, and one from which it is possible that in the future a fibroid may develop, giving rise to the necessity of subjecting the patient to a second operation.

As to the malignant degeneration of fibroids, I believe that its occurrence is more likely a coincidence than a true degeneration.

Dr. Charlotte Baker, San Diego.

A general practitioner is more apt to leave the case alone for too long a time. I would like to ask Dr. Smith what arguments he uses to induce his patients to consent to operation.

Dr. C. C. Browning, Messina.

Drs. Lasher and Morrison operated upon a case for me where the patient with the uterine fibroid was also pregnant. In this instance the tumor was removed and the uterus left. Since then the patient has borne two children.

Dr. L. D. Johnson, Whittier.

I never would have supposed that fibroid could be so large that its removal should not be attempted. I have operated with success upon fibroids weighing seven and one-half pounds. The most fatal symptoms are due to occlusion of the intestinal canal.

I should be very much pleased to receive information when to advise against the removal of large fibroids.

Dr. Lasher:

Q. What course is the best to pursue in the case of a tumor causing no difficulty? Shall we operate or shall we await developments?

Dr. Smith (closing):

There is no rule as to the time of operation. Each case must be a law unto itself.

As to the arguments used to induce a patient to consent to operation, I would lay special stress upon the possibility of malignant degeneration and the earlier the operation is performed the greater the safety to the patient.

(Dr. Smith then presented a case to the society of a small tumor which he had removed from the uterus. In this instance the tumor did not project from the womb there being no distinct line of demarcation but the juncture of the tubes and the uterus served as the starting point for the incision. The fibroid was not of the submucous, but of the interstitial variety. An incision was made through the wall of the womb and the tumor easily shelled out of its cavity. The tissues were closed up and the womb left intact.

Dr. R. V. Rendon, Los Angeles: "Comparison between Pan and Supra Vaginal Hysterectomy."

Dr. W. W. Beckett, Los Angeles:

For the removal of uterus, each case should determine the method. If the tumor is small and it is possible to remove it by the vaginal route, that method is indicated; but if it is too large for such a procedure, abdominal section is to be chosen.

Dr. George W. Lasher, Los Angeles:

The operation to which the surgeon is accustomed is the best one. If the nature of the tumor admits of vaginal hysterectomy, that operation should be chosen, as by it less time is wasted, there is better drainage secured and

a small liability of colic. Supra vaginal hysterectomy ought to be the best on some accounts. There are less tissues divided, fewer blood vessels cut, and it can be done in the shortest time. In pan-hysterectomy there is more time consumed, more tissues divided, but there is much better drainage secured.

Surgeons nowadays do not perform the combined vaginal hysterectomy, for it takes a much longer time and it is necessary during the operation to change one or more times the position of the patient. Of all the operations, the vaginal route, if possible, is to be preferred; but if it cannot be utilized, the surgeon should select the abdominal alone. The performing of supra-vaginal hysterectomy, and the bringing of the stump into the abdominal wound is safe, but is very infrequently performed now. Drainage through the cervix is not to be admitted. Frequently supra-vaginal hysterectomy cannot be chosen because the cervix is included in the growth. Operations should be entered upon only after a due consideration of all the circumstances in the case, for were a woman as old as Methuselah her uterus the size of a walnut and her ovaries as small as beans, they would be of more use to her in the natural position than they would be in a museum jar.

Dr. F. C. E. Mattison, Pasadena:

I once operated upon a woman for the removal of a tumor, but did not drain, because I did not see the necessity of it. By evening there was a rise in temperature, for which I could

not then account, as I did not examine the patient's lungs. The next morning I found, however, that she was suffering from anesthetic pneumonia.

In reference to the use of drainage, would like to ask the author when, in his opinion, it should be resorted to.
Dr. E. R. Smith, Los Angeles:

In reference to infection by a pyogenic bacilli, it must be remembered that persons suffering from repeated attacks often become immunized.

Dr. Rendon (closing):

Each case requires its own law. No rule can be laid down that can include all cases. The unusual methods are intended for the exceptional cases. Comparisons between the various operations are misleading from the fact that the different operators have been accustomed to perform the operation of their choice. If the tumor is removable through the vaginal route, the method should be employed; but if too large for that, the abdominal or the pan-hysterectomy should be chosen.

Dr. Walter Lindley, "Post Operative Septic Peritonitis."

DISCUSSIONS

Dr. W. W. Hitchcock, Los Angeles:

The doctor has covered a large number of points, but there are few which which were not mentioned. It is of vital importance to prepare the patients beforehand for the operation; it is my custom, when the circumstances of the patient allow it, to prepare the patient for a week beforehand, and put her upon large doses of strychnia. It is my custom in the hospital the night before the operation to order the pa-

tient to have a good, substantial meal. My order to the nurses is what the nurses call "a full tray." There are cases where the patient seems to fail in spite of all that can be done. There is one symptom of very grave importance in post-operative states, and that is a persistent high pulse. Sometimes this is about the only sign of shock, but I regard it of very grave import.

Dr. Stehman:

I was much interested in the papers. I have nothing special to say upon the subject except that I was a little surprised to find the doctor omitted the question of drainage. I wish he would refer to that in his closing remarks.

Dr. F. D. Bullard, Los Angeles:

In the production of shock, a great deal depends upon the method of administration and the amount used. Of late I have pursued the following method. In an inclosed inhaler I put two and one-half drams of bromide of ethyl, bringing it close to the face. The patient becomes flushed and loses consciousness almost immediately, within thirty to sixty seconds. I then put in two drams of ethyl and crowd the anesthetic. The patient is then usually ready for operation in five minutes. By this procedure, less anesthetic is used, and as the bromide of ethyl is not disagreeable, the patient is not subjected to the shock of unpleasant anesthetization.

Dr. Walter Lindley:

In regard to Dr. Hitchcock's custom of administering strychnine previous to an operation, I would say that care should be used in the size of the dose as too large doses would

have a depressing effect. For myself I would prefer digitalis, administered until the heart was normal, but would not continue its use further; and strychnine I would reserve for important emergencies, as Napoleon kept his Imperial Guard for the critical moment. I should also lay stress upon general management and proper massage.

Dr. Walter Lindley:

In regard to the question of drainage, I would state that in the abdominal operation I think that the person would have to be in very serious condition before a reopening of the wound would be justifiable. In the vaginal route I believe the thing to do under the circumstances of sepsis would be to open.

Medical College Notes.

J. M. Dunsmoor has been appointed to serve as resident to the California Hospital by competitive examination.

The lucky ones to get the County Hospital were Loomis, Laubersheimer and Myers.

A. S. Soiland has received the very flattering appointment as physician to a lumber company at Long Leaf, La.

Three women graduates of the Los Angeles Medical School, class of 1900, have been appointed internes at the Children's Hospital, San Francisco, Cal. They are Drs. Keep, Bewley and Dunsmoor.

Medical College Fraternity Notes.

Delta Chapter, Phi Rho Sigma, tendered its annual banquet to the members of the graduating class, Messrs. Mayne, Soiland and Wheat. At the

initiation ceremonies, Drs. J. Lee Hagadorn, G. L. Hutchinson and Carl Kurtz were admitted.

The pleasant banquet at Hotel Westminster was one of the notable features, and a fitting close to the college year. Numerous speeches and toasts made the time pass quickly. Lack of space prevents our giving them in detail but the speeches of Drs. Kurtz, Witherbee and Hagadorn, and others were witty and well received.

Fraternity songs closed a very enjoyable program.

Gynecological Examinations.

The following were the questions asked on the final examination of the senior class at the Medical College of the University of Southern California, May 11, 1900:

1. Give a brief description of Levator Ani muscle, and its relations.
2. Describe different methods of perineorrhaphy.
3. Give causes and treatment of menorrhagia.
4. Post-operative septic peritonitis, symptoms, prophylaxis and treatment.
5. Give the symptoms and treatment of carcinoma of the cervix.
6. Give treatment of laceration of the cervix.
7. Give cause of sub-involution.
8. Give palliative treatment of acute salpingitis.
9. Name varieties of fibroma of uterus and give treatment of each.
10. Give diagnosis and treatment of ruptured tubal pregnancy.

Practice for Sale.

Seven hundred dollars will buy small furnished brick residence, office fixtures, and \$2000 practice in Southern California.

Address Dr. F. M., care Southern California Practitioner, Los Angeles.

Commencement Exercises.

Thursday evening June 14, 1900, the following list of graduates of the Los Angeles, College of Medicine were awarded diplomas:

M. E. Bewley, M. A. Becher, L. C. Boyd, F. S. Dillingham, J. M. Duns-moor, N. C. Duns-moor, J. S. Hall, C. A. Hayes, F. A. Keep, J. C. Kelso, G. A. Laubersheimer, M. L. Loomis, W. H. Mayne, V. J. McCombs, T. C. Myers, F. W. Reynolds, A. Soiland, J. E. Wheat.

The exercises were held in the Los Angeles Theatre, and many friends of the new doctors were present to view their reward of four years of hard study. Dr. W. Le Moyne Wills gave the address on behalf of the faculty of "The Need of Better Medical Education." The address to the graduates by Dr. J. Lee Hagadorn was forceful and earnest. The obstetrical prize, a satchel of instruments was awarded to Dr. Edward Dillingham.

Dr. Loomis, Laubersheimer and Myers go to the County Hospital as internes. Dr. J. H. Duns-moor to the California and Drs. Keep, Bewley and N. C. Duns-moor to the Children's Hospital, San Francisco.

Pomona Valley Medical Society.

At the regular monthly meeting at Pomona on May 31st, Dr. F. W.

Thomas of Claremont read an interesting paper on "Appendicitis." The discussion was spirited and entered into by the fifteen members present. Next meeting will be on June 28th.

Editorial Notes.

Dr. Evan Barker Jones of Brooklyn, has been authorized by the courts to change his family name to Evan Barker. He takes the name because Dr. Jones' grand-uncle, Gilbert Barker formerly a wealthy physician of Thorley, England, made a will, by the terms of which the nephew could not have an estate of \$200,000 unless willing to assume the old doctor's sur-name and bear his coat of arms.

To the question: "What's in a name?" our old friend Barker nee Jones can answer, \$200,000. L.

Another Love Affair.

A doctor and a military officer became enamored of the same lady. A friend asked her which of the suitors she intended to favor. She replied that it was difficult to tell, "they were both such killing creatures." By reading this item with the page turned upside down, the paid-up subscriber will notice that it was intended here that the joke should be on the doctor. L.

A Good Offer.

This medical magazine will be sent to any address for the rest of the year for fifty cents. Back numbers from January, 1900, will be sent free to all availing themselves of this offer.

Personal.

Dr. E. J. Cook, accompanied by his wife, left on June 15 for New Mexico for a month's vacation.

Dr. Chas. W. Bryson has returned to practice after a severe illness.

Dr. J. H. Edmonds has returned from a visit to Redlands, and is at the Rosslyn.

Dr. Stanley Black, who has been very ill with septic infection, is improving slowly.

Dr. W. S. Philp of Los Angeles, who has been ill with pneumonia, has gone to Strawberry Valley to recuperate.

Dr. M. Gardner of San Francisco, chief surgeon of the Southern Pacific road, was at the Westminster, Los Angeles, recently.

Dr. Guy Cochran and wife left New York recently for an extended trip in European cities. The great hospitals of Berlin, Vienna and Paris will be visited.

A letter from Dr. E. A. Bryant, who, with Dr. F. K. Ainsworth, is making a tour of Europe, gives the pleasing information that they are having a very good time.

Dr. Sumner J. Quint, a graduate of the Los Angeles Medical College, class of '99, and for the past year interne at the California Hospital, Los Angeles, has received the appointment as Acting Assistant Surgeon in the Marine Hospital service. He left on June 6 for Bakersfield, where he will be stationed to inspect trains for the plague.

New icentiates.

Office Board of Examiners Medical Society, State of California.

1104 Van Ness Ave., San Francisco.

At a meeting held May 1st, 1900, the following certificates were granted.

- 5541 Case, Elias Payne, Waterville, Med. Dept. State Univ. of Iowa, March 3, 1875.
- 5542 Coates, Benjamin O., Cleveland, O., Trinity University, Toronto, Canada, April 4, 1892.
- 5543 Earl, Robert Oscar, St. Paul, Minn., Med. Dept. Univ. of Minnesota, June 4, 1896.
- 5544 Entrikin, Lindlay, O., Medical College of Ohio, April 5, 1894.
- 5545 Evans, William J., Groton, S. D., Starling Medical College, Ohio, March 4, 1886.
- 5546 Hedges, B. Van Doren, San Francisco, Coll. Phys. and Surg., New York, June 10, 1891.
- 5547 Hughes, Price W., Ashland, Or., Hosp. Coll. of Medicine, Louisville, Ky., Feb. 28, 1876.
- 5548 Jakes, Robert Wallace, Greenwood City, McGill Univ., Montreal, Canada, April 4, 1893.
- 5549 Lewis, John A., (Lien Certificate), Reno, Nevada, Long Island Coll. Hosp., N. Y. June 21, 1877.
- 5550 Lingforth, Grace Stryket, San Francisco, Med. Dept. Univ. of California, May 17, 1898.
- 5551 Loe, Adolph Oscar, Oakland, Med. Dept. Univ. of Minnesota, June 1, 1897.
- 5552 Lyne, William Henry, Los Angeles, Medical College of Virginia, March 31, 1896.
- 5553 Peterson, Vern A., Los Angeles, College of Phys. and Surg., Atlanta, Ga., April 3, 1899.
- 5554 Robertson, John, San Francisco, Coll. Phys. and Surg., S. F., California, July 12, 1899.
- 5555 Rofelty, George W. Los Angeles, Medical College of Ohio, March 2, 1876.
- 5556 Spurgeon, Franklin, Chico, Med. Dept. Univ., Louisville, Ky., March 4, 1874.
- 5557 Smith, Albert Sidney J., San Jose, Med. Dept., Washington Univ., Mo., March 14, 1893.
- 5558 Thompson, J. Ashley, Wadena, Medical College of Alabama, March 31, 1880.
- 5559 Weeks, Alanson, San Francisco, Med. Dept. Univ. of Michigan, June 22, 1899.
- 5560 Williamson, Richard F., Lemon Grove University of Edinburgh, Scotland, Aug. 1, 1881.

CHAS C. WADSWORTH, M.D.,
Secretary.

BOOK REVIEWS

HARTRIDGE, REFRACTION.—The Refraction of the Eye. A Manual for Students. By Gustavus Hartridge, F.R.C.S., Senior Surgeon to the Royal Westminster Ophthalmic Hospital, London. Tenth Edition, 1900. Illustrated 12mo. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa. Price, \$1.50 net.

When any book has undergone ten revisions in sixteen years, it is almost superfluous to say that it is excellent; this, the tenth edition, has received the author's most careful revision, which brings it quite abreast of the times; it is a book that should be in the hands of every student of refraction. While the reviewer does not believe all the statements of the author, still they are sufficiently conservative to be a safe guide for the beginner. For instance, when the author says so long as 6-6 can be read with each eye, no glass is necessary for distant vision. This is not in the opinion of the reviewer a correct statement for many many times the ciliary muscle is so active as to give a vision of 6-6 in each eye when as much as .75 D. to 1 D. of hyperopia of astigmatism exists; while headaches, eye-ache and blepharitis are manifest reflex symptoms, and the correction of errors in these cases relieves the symptoms without impairing distant vision.

DISEASES OF THE NOSE AND THROAT.—

By J. Price-Brown, M.B., L.R.C.P.E., Member of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestants Orphans' Home; Fellow of the American Laryngological, Rhinological, and Otological Society; Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc. Illustrated with 159 engravings, including 6 full-page color-plates and 9 color-cuts in the text, many of them original. 6¼x9¼ inches. Pages xvi-470. Extra cloth, \$3.50, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

Dr. Price Brown, as a writer on medical topics, is somewhat new to the American public, but he has presented to us in this, his first effort, a treatise on diseases of the nasal passages, diseases of the pharynx and diseases of the larynx a work that is worthy of a man of great experience. It is well written, concise and without ambiguity. Many of the illustrations are old, some are original, but selected with discretion, unless it be those on adenoids, which are after Schadle, and these have always appeared to the writer as grotesque. The colored plates from frozen sections, illustrative of actual conditions, are excellent.

For what is written the reviewer has but little to say other than praise, but in frontal-sinus diseases the author rather begs the question and leaves it to volumes on diseases of the eye. In this it seems to us, the author is decidedly wrong, because it is not from diseases of the eye, but from diseases of the nose, that the frontal-sinus is involved.

We hope in a future edition that this subject will receive the attention it deserves in a volume treating of diseases of the nasal cavities.

THE PATHOLOGY AND SURGICAL TREATMENT OF TUMORS.—By N. Senn, M.D., Ph.D., L.L.D., Professor of Surgery in Rush Medical College, etc. Second edition revised. Illustrated by 478 engravings and 12 full-page plates in colors. Cloth \$5, net. Half Morocco \$6. W. B. Saunders, 925 Walnut St., Philadelphia. 1900.

This important volume is reverentially dedicated "To the memory of Samuel David Gross, a master in surgery; a pioneer in pathological anatomy; a surgeon honored and revered wherever Hippocratic medicine is taught or practiced; a man whose eminent professional reputation was crowned by the purity of his private

character." The author says: "The parasitic origin of malignant tumors continues to attract the attention of pathologists and surgeons, but we have made very little progress in establishing this theory by actual facts."

Doctor Senn presents the following as his classification of tumors:

- | | | |
|--|---|---|
| 1. Epiblastic and hypoblastic tumors | { | Papilloma
Adenoma
Cystoma
Carcinoma |
| 2. Mesoblastic tumors | { | Fibroma
Lipoma
Myxoma
Chondroma
Osteoma
Angioma
Lymphangioma
Lymphoma
Myomata.. { Laevi-Cellulare
{ Stri Cellulare
Neuromata { Neuroma.. { Myelinic
{ Glioma (Klebs) { Amyelinic |
| 3. Epiblastic, hypoblastic and mesoblastic tumors | { | Teratoma |
| 4. Swelling caused by retention of physiological excretion | { | Retention-cysts |

The chapters on all these various kinds of tumors are well illustrated and the work as a whole is almost indispensable to the surgeon.

THE ANATOMY OF THE BRAIN.—A Text-book for Medical Students. By Richard H. Whitehead, M.D., Professor of Anatomy in the University of North Carolina. Illustrated with forty-one engravings. 6¼x9½ inches. Pages, v-96. Extra Vellum Cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia, Pa.

A valuable monograph. The illustrations fully accomplish their purpose. It is intended ostensibly for students, but is also a ready method for the practitioner to refresh himself.

HAND BOOK FOR NURSES.—By J. K. Watson, M. D., Edinburgh. Late House-Surgeon Essex and Colchester Hospital, etc. American edition under the supervision of A. A. Stevens, M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania, etc. Price, \$1.50 net. Philadelphia: W. B. Saunders, 925 Walnut St. 1900.

THE PATHOLOGY AND TREATMENT OF DISPLACEMENTS OF THE UTERUS.—By Dr. B. S. Schultze, Professor of Gynecology; Director of the Lying-in Institution, and of the Gynecological Clinic in Jena. Translated and edited by the Macans of Dublin. With one hundred and twenty illustrations. New York: D. Appleton & Co. 1888.

Although this scholarly work was written and published twelve years ago yet the malpositions of the uterus

are the same today as yesterday, and this book should be in the hands of every specialist. A unique and acceptable feature is a summary at the end of each chapter.

THE TREATMENT OF FRACTURES.—By Charles Locke Scudder, M.D., Surgeon to the Massachusetts General Hospital, Out-patient Department; Assistant in Clinical and Operative Surgery in the Harvard Medical School. Assisted by Fredrick J. Cotton, M.D. with 585 Illustrations. Price \$4.50 net. Philadelphia: W. B. Saunders, 925 Walnut St. 1900.

Here is a bright new work, written in an unusually graphic and entertaining style. The author emphasizes the importance of employing anesthesia in the diagnosis and initial treatment of fractures. Mechanical simplicity is advocated. Splints of special manufacture are not described, as their use distracts attention from the fracture.

OUR ADVERTISERS.

OUR ADVERTISERS.

A general favorite with advanced physicians everywhere seems to be Es-kay's Albumenized Food. This preparation, made up on rational lines, and covering a wide range of usefulness, is coming more and more to the front as a safe, sensible and thoroughly scientific addition to the physician's outfit.—Monthly Cyclopedia of Practical Medicine, March, 1900.

Dioviburnia is the remedy par-excellence in chodera morbus, dysentery and other bowel troubles prevalent during the summer months. Free from all narcotics or deleterious drugs. As an uterine tonic and anti-spasmodic, Dioviurnia is unexcelled. In the treatment of dysmenorrhea it has no equal. Dose—dessertspoonful in hot water every two or three hours.

F. E. Harrison, M. D., Abbeville, S. C., says: I have used Celerina in appropriate cases, and can heartily recommend it to all who wish an elegant preparation, combined with undiminished therapeutic activity. It is peculiarly fitted to such cases as delirium tremens, headache from debauch or excessive mental or physical exertion.

Either Pan-Peptic Tablets or Pan-Peptic Elixir (one dessertspoonful of Elixir representing one of the tablets) will be found efficient in all forms of indigestion caused by deficient secretion of gastric juice. Nausea, headache, indisposition to mental exertion, dullness of spirits, fullness and oppression in the gastric region, and all other symptoms caused by a disturbance of the gastric function, will rapidly yield to a few doses, especially when these symptoms are caused by excess of diet, either as to quantity or richness, or by excessive alcoholic indulgence. One or two tablets or one

or two dessertspoonfuls of Pan-Peptic Elixir taken an hour before meal time, instead of an alcoholic stimulant, will produce a keen appetite for food.

Each Pan-Peptic Tablet or each dessertspoonful of Pan-Peptic Elixir contains 1 gr. pure pepsin, 1 gr. pure pancreatin, 1-4 gr. caffeine with acid lactophosphate of calcium and celery.

Dose—One or two tablets or one or two dessertspoonfuls of the Elixir immediately after eating is usually recommended, or either preparation may be taken at any time when there is a feeling of oppression in the gastric region and inclination toward headache and a presence of flatulence.

SALFENE.

This new amido-benzene has been found very efficacious in summer diarrheas, accompanied by fever and headache. It is best given in 5-grain doses, repeated in an hour. It is said not to depress the heart.

THE ANODYNE TREATMENT OF ACUTE PERITONITIS.

McCaffrey ("The Etiology, Pathology and Treatment of Acute Peritonitis," 1899) observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter-irritation, the older resorts, are practically useless. Hot water bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcotics, should be sought, and this

OUR ADVERTISERS.

is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitro-glycerine, should be judiciously employed.—Medical News.

VIN MARIANI IN EXHAUSTION.

We have had occasion in numerous instances to administer "Vin Mariani" to business and professional men who complained of being gradually run down. The work of the office, the cares and worry entailed by business and the physical flaccidity brought on by overwork, all seemed to give way completely in a marvelously short space of time, despite the fact that the subjects continued uninterruptedly at their usual occupations. The notable fact to be observed is that in each instance the effect was permanent. But it must not be forgotten that, in order to make this result a lasting one, it is necessary to keep the patient upon a prolonged course in the use of "Vin Mariani." There is no doubt whatever that this preparation has proven itself a boon to mankind.—The St. Louis Medical and Surgical Journal, March, 1899.

CASE OF SINUS.

G. W. Bodey, M. D.

Kettlersville, O., Sept. 17, 1899.

I used Echthol on a case of sinus extending from the inner and middle of the right thigh upward and outward nine and one-quarter inches in length. It had been operated upon in that locality twice, also once on the canal from the psoas abscess, its starting point. The sinus was lined with a tough pyogenic membrane, so that by inserting the index finger its full

length occasioned no pain. The young man, twenty-two years old, would submit to no further operation. I inserted perforated rubber tube, one-half inch in diameter, nine inches, burned or destroyed the membrane with chloride of zinc solution, after which I used Echthol, filled the cavity completely full three times a day, by which the pus ceased to flow from the very beginning. I continued its use until I could not insert even a catheter. I applied a rubber bandage for five weeks, dismissed him then as cured; the period extended eight months. I used five bottles of Echthol. I dismissed the case in May last, and will wait to see further results. Then I will try to write an article on that case and on two others on whom I used the medicine. My faith in Echthol is unlimited, and can only say the case above described, from a city of twenty-eight physicians, has increased my practice in that locality.—Medical Brief.

TURKISH AND RUSSIAN BATHS.

We call attention to the well equipped Turkish baths of Dr. Carpenter and Wilson on Third street, near Main, in Los Angeles. Every modern contrivance for advanced hydrotherapy, including hot rooms, cold rooms, fine cemented plunge 30 feet long, 15 feet wide and from 4 to 8 feet deep, furnished with running water, will be found. In case a patient wishes to make a stay at the baths, pleasant furnished rooms, with meals, can be obtained, if desired. Physicians desirous of obtaining for patients a course of hydrotherapeutic treatment, with or without massage, will be assured of modern and careful treatment under their orders, which are carried out by a resident physician. C. G. S.

Doctor Scudder uses the terms closed and open fractures instead of simple and compound.

The chapter on fractures of the skull surface are particularly good and well illustrated.

The illustrations showing fractures of the vertebrae with the sequential injuries of the spinal cord give very clear ideas of the condition in this class of injuries.

A systematic reading of this work would be of great value to any general practitioner. It would put him abreast of the times on this important subject, but its greatest use will be as a work of reference for all to turn to in time of trouble.

ESSENTIALS OF MEDICAL DIAGNOSIS.—Arranged in the form of questions and answers, prepared especially for students of medicine, by Solomon Solis-Cohen, M.D., and Augustus A. Eshner, M. D. Illustrated. Second edition, revised and enlarged. Price \$1.00 net. Philadelphia: W. B. Saunders, 925 Walnut St. 1900.

This is No. 17 of Saunders' Question Compends, and is excellently adapted for its intended function. Like other compends gotten up in the form of questions and answers, it seems to the reviewer that the answers are particularly plain and fully as comprehensive as possible in a volume of the size. For instance, in response to the question, "How are acute miliary tuberculosis and typhoid fever to be distinguished from one another?" The answer embracing a half page, really gives the student a better dif-

ferential diagnosis than several pages devoted to the same subject in some larger books. The cuts, while not extensive, are so placed and so gotten up as to be especially useful. It is a valuable compend.

CHEMISTRY AND PHYSICS.—A Manual for Students and Practitioners. By Walton Martin, Ph.B., M.D., Assistant Demonstrator of Anatomy, College of Physicians and Surgeons, Columbia University, New York; Member of Association of American Anatomists, and William H. Rockwell, Jr., M.D., Assistant Demonstrator of Anatomy, College of Physicians and Surgeons, Columbia University, New York; Member of Association of American Anatomists. Series edited by Bern B. Gallaudet, M.D., Demonstrator of Anatomy and Instructor in Surgery, College of Physicians and Surgeons, Columbia University, New York; Visiting Surgeon, Bellevue Hospital, New York. Illustrated with one hundred and thirty-seven engravings. Lea Brothers & Co., Philadelphia and New York.

This little work, while not strictly along the line of medicine, is devoted to those collateral sciences with which every physician should be more or less familiar. It has evidently been written with the thought ever in mind of the special needs of the medical student and practitioner. The qualities of comprehensiveness and condensation seem to have been peculiarly blended in a degree that make it a volume that should properly be in the library of every student and practitioner. The article on wireless telegraphy is especially interesting at the present time.

OUR ADVERTISERS.

W. C. Frederick, M. D., Lono, Ark., says: I have used S. H. Kennedy's Extract of Pinus Canadensis (Dark). one to three of water, in sore throat from cold, with splendid results, and have now under treatment a little boy, three years old, suffering from strumous diathesis, who has been afflicted over a year with otorrhea. Have been using as an injection two drachms of

S. H. Kennedy's Extract of Pinus Canadensis to four drachms of water, three to five drops, two or three times a day, the ear previously cleansed with castile soap. The little fellow commenced to improve from the very start, and is rapidly improving daily; the discharge has almost ceased. He has been on this treatment for about two weeks.

URIC ACID AND HEADACHES.

A physician who has been experimenting to discover, if possible, a relation between headaches and the retention of uric acid, found experimentally that he could produce a headache in himself by adopting a diet of meat and cheese—foods which are highly nitrogenous and which in their burning up produce a great deal of uric acid. He found in himself an excessive excretion of uric acid during a headache, which, perhaps, means that a headache is a sign of nature's effort to relieve the system of a poison that would do worse than produce headaches were it permitted to remain. Such a headachy condition is comparable to the fevers which the human system often establishes for the purpose of ridding itself of disturbing impurities, and can best be overcome by the timely administration of Laxative Antikamnia and Quinine Tablets.

FEMALE NEUROSES NON-DESCRIPTIVE.

There is scarcely a writer of prominence today who does not lay much stress upon the importance of early prolonged treatment of the primary manifestations of an almost infinite variety of nervous affections, with the view of preventing the constant development of still graver troubles, as well as to relieve present suffering.

In the treatment of female neuroses, a combination of Dioivurnia and neurosine (equal parts) administered in dessert spoonful doses every three hours, will prove most efficient.

Non-Descriptive. — Physicians frequently have cases of the non-descriptive character. The patients feel that their entire system is out of order, having forebodings, aches and general feeling of lassitude and debility. The physicians recognize something must be done to satisfy the patient until the trouble can be located. In such cases Dioivurnia combined with

Neurosine will usually after a week or ten days give entire relief.

Neurosine, oz. ij.

Dioivurnia, oz. iv.

M. Sig. Tablespoonful in wineglass of water every three hours.

COMFORT AND SECURITY DURING SICKNESS.

"During the progress of any contagious or mal-odorous disease, nothing gives greater comfort and security than the intelligent use of 'Platt's Chlorides.' As a disinfectant and deodorizer its safety, cleanliness and convenience appeal alike to patients and attendants."

"Gaseous disinfectants, owing to their irritating vapors, are inadmissible until the sick-room is vacated."

Salfene is one of the amido-benzines. It is a white amorphous or crystalline powder of slight pungent taste, odorless and alkaline in reaction. It will not depress the heart or upset the stomach. Try it in headache.

When you are exhausted with a night's vigil with a confinement case, and need something to sustain your strength, try Eskay's food, piping hot, made with milk.

Hydroleine is a palatable medicine, and one that does not disappoint its advocates. As a reconstructive tissue builder it will be found of value.

Doctor, when you move into your new office furnish it with Bernstein's Aseptic furniture, made of steel tubing and cut glass.

Last week a delinquent subscriber said he would pay up if he lived. He died. Another said: "I will see you tomorrow." He's blind. Still another said: "I'll pay you this week or go to the devil." He's gone. There are hundreds who ought to take warning of these procrastinators and pay up now.—[Ex.

SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

A PRODUCT OF "MORTAL MIND."

BY E. S. GOODHUE, M.D., HONOLULU, H. I.

It is the fashion, and much in accordance with certain, hard-to-be-understood "sciences," to believe the remote; to accept the improbable rather than the probable. If we are to deny the existence of what we see and feel; if we must call a broken leg a morbid thought, why not believe that all which appeals to our reason is false; that what is, isn't, and that what isn't, most certainly is.

With such a philosophy we may confront the Sphinx.

If we only knew it, at morning it is night; the shadows of night are but the effulgence of day; cheese is bread, bread is gold, and gold is silver, of course. We are nothing but whirls of air; some atoms are dancing a waltz and look like men; some are dancing a gallop and look like

flowers; we are all a mad, ecstatic cyclone of nothingness.

We are we, and the universe is you, and everything is us.

There is not such a thing as a pain or an ache, and the old maid that thinks she has a pain, is one with the married woman who thinks she has a baby; and the man that gets up in the night to minister to a colicky child, nurses a delusion.

The husband of a Christian Scientist teacher, lately married, that did not believe in doctors or sickness, called upon a physician one cold, stormy night in January. He was in a great hurry.

"What is the matter?" asked the doctor, sticking his night-cap out at the door.

"Oh," said the man, in an anxious

tone, "my wife is very sick, and wants you to come at once."

"She sick?" answered the doctor, in surprise; "why, man, she has turned half this town into the belief that there is no such thing as pain."

"But it's different now," replied the man. "We're—that is, you know—well, she's going, or rather, she expects—we've been calculating for some time to have a—a—bab—yes, a chil—a boy or a girl. It's—it will, or would be our first, and we thought you better be around."

"Well, my dear man," said the doc-

tor, "tell your wife that I am sorry she has so far forgotten her calling as to give in to the sin of a fancied pain or two. These twinges that come with such clock-like regularity are nothing but the timed temptations of Satan. Tell her that there is no such thing as pain; that she isn't going to have a baby; that she isn't a woman, but the ghost of Euripides; that she isn't even married. Tell her that I am not a doctor, and never was, and that this is one of the loveliest nights in June. Good-night, sir."

IS THE COURSE OF STUDY IN OUR PUBLIC SCHOOLS DETRIMENTAL TO THE HEALTH OF PUPILS?*

BY J. C. KING, M.D., BANNING, CAL.

The problems discussed in this paper have been forced upon my attention by three circumstances. First, my daughters are passing through the regular course in the grades and the high school; second, children are not infrequently brought to me suffering from the effects of school life; third, for a dozen years I have been a member of the school board of Banning. This board has charge of both the grades and high school. A growing interest in the work has obliged me to consider this among other school questions. To reply yes or no to my title is simple and easy. To conscientiously investigate the proposition is extremely difficult. The question is so complex, its various phases so numerous and contradictory, the personal equation is so pronounced, that I can hope to offer but a trifling contribution toward its final solution—a consummation not to be expected in this generation.

Manuals are published by each county containing the course of study adopted by the County Board of Edu-

cation, together with instructions for making the course practical, and other information. These various county and city manuals can be obtained upon application to the respective authorities. They will repay careful study by physicians. It is futile to attempt to incorporate the substance of even one of these manuals into this paper. In order, however, to enable us to know what is the basis of our discussion, I will epitomize the course of study for the first and eighth grades, as it appears in the San Bernardino county manual.

Children are admitted to the first grade when six years old. In English, the course requires completion of the first reader, also supplementary readers, with especial attention to diacritical marks, as aids to pronunciation. Conversational language lessons, to induce fluent expression and correct grammar; using, as a basis, the Anderson and Grimm Tales and Longfellow's *Hiawatha*. Spelling and writing are to be taught in combination. The requirements in mathematics con-

*Read before Southern California Medical Society, May 3, 1900.

sist of number work, continued into fractions. Such problems as: What is one-third of nine; one-fourth of eight; how many are one-third of six plus one-half of four? Also long, dry and liquid measures practically illustrated. In science the child must study primary physiology, with special reference to the action of stimulants and narcotics. Comparative anatomy and primary botany are both taught from specimens. Geography in relation to the study of the earth as the home and industrial idea, the occupations of adults, creation and exchange of products, etc. Conversational studies regarding the effects of the sun as manifested by heat and light. Experimental work in steam, fog clouds, rain, etc. To this meager curriculum, the Los Angeles city schools add memorizing selections from Hiawatha, music (2, 4 and 3 part measure and scale work), and instruction in hygiene. The San Diego county manual requires instruction in reading, spelling, language, writing, drawing, arithmetic, physiology, nature study, music and ethics.

In short, by the time the little man or maid shall have attained the mature age of seven, he or she is expected to know something. Of course, the school hours in the first grade are short—only three to four hours per day. The lessons are largely conversational and are presumed to be entertaining. Recitation periods are usually limited to ten or fifteen minutes, and follow each other in a manner supposed to be restful to the mind. Best of all, there are frequent intermissions. Nevertheless, the work the child is required to do is not limited by its cerebral development, but by the force of the stimulus the various teachers are able to bring to bear upon it. During subsequent years these studies, and others, as sloyd, sewing, etc., are continued and de-

veloped, until in the final year of the grammar grades—the eighth—which the child is supposed to enter when thirteen, the work required is as follows: Reading, with reference to elocution, and the apprehension and appreciation of the author's thought. Supplementary reading includes Dole's "American Citizen," Lincoln's "Gettysburg Speech," "Webster's Orations" and a series of twenty-nine volumes recommended for home reading. American literature, with Brander Matthews' work for a text book. Language, with frequent written essays. The completion and review of the State grammar, teachers being directed to give special attention to this topic. In mathematics, "Walsh's Third Part Arithmetic" must be completed, together with its elementary algebra and constructive geometry. In physics, the especial subjects for study and experimental work are matter, gravitation, hydrostatics, pneumatics, heat, sound, light, magnetism and electricity. In geography a more thorough study of California, the United States and Canada, then of Europe, then, in particular, of Brazil, China, Japan, British India, Congo Free State and South Africa. This study to include a review of the distribution of races, trade routes, commercial relations to each other and to the United States, products, occupations, and religions. Complete the State history, then Johnson's "American Politics," then a study of our State Constitution, followed by a similar study of the Constitution of the United States. All this succeeded by two days of written examination, five and one-half hours the first day, and six hours the second. The examination papers to be marked by the County Board of Education—not by the teachers.

The child at fourteen, passing through puberty, bears a weight of anxiety, and possible mortification and

shame, equal to that supported by any candidate for a medical degree, but without the aid of that philosophical equanimity which accompanies more advanced age. I regret that lack of time prohibits an analysis of the course of study. There is much to be said in praise of it. Indeed, I consider it an achievement, a triumph. As physicians, our interest in it is limited to its hygienic aspect.

In order that this paper might reflect a professional opinion broader than merely my own, I made inquiry among a few of my medical friends regarding certain points, and will embody their replies in my text. A list of six questions was presented.

Eighty-two per cent. of the doctors deem the course of study injurious. The average number affected is guessed to be over 38 per cent. The opinions of certain of my correspondents are entitled to especial consideration. Dr. Lindley has served on the Los Angeles Board of Education, and has been Superintendent of the Reform School. Dr. Orme is professor of hygiene in the Medical College. Dr. Brown has taught and has served on Eastern boards. Dr. Clarke taught six years in the grades and four in college. Dr. Beckett was a teacher and served on his county board. Dr. Booth has served nine years on the board at Needles, and Drs. Van Slyke and Bard have served ten and seven years respectively on school boards. Dr. Roblee has been employed for four years as superintendent of school hygiene at Riverside. Dr. Davisson, as a member of the State Board of Health, has devoted time to this sort of study. Of these, all but two estimate the number of injured at from 15 to 75 per cent. When men like Orme, Brown, Davisson and Toland estimate that from 50 to 75 per cent.

of the pupils are injured, when Louise Harvey Clark, whose experience as teacher, physician and health official has been unusually comprehensive, claims that half are injured, and nearly all handicapped for life, the question at once acquires importance. That even so small a number as 18 per cent. of my correspondents decline to admit the course of study as an etiological factor, and among them so noted an authority as Edwards, only serves to complicate the problem.

Dr. Edwards' position is controverted, however, by Hugh J. Baldwin, County Superintendent of San Diego county, who states in a personal letter to me that about 30 per cent. of the children are injured. Less in the country, where terms are short; more in the city. Professor Baldwin denounces the whole system as radically wrong, and hopes that boards of education may be brought to their senses regarding the mental tax on the modern child.

I will introduce the views of several prominent educators. Professor Rowell, of Los Angeles, in a letter to Dr. Orme, states that of those pupils who are in earnest and try to do the work, a large per cent. is injured. How many, he does not know, but is aware of individual cases.

The professor admits the course of study is "top-heavy," but he seems to resent interference with it by others than members of his own profession. He declares he would not call a blacksmith to set a broken limb, and by inference, that he would not have a doctor tinker with the course. He laments that hard, close study is largely a thing of the past. Prof. Emery assures Dr. Orme that no one is injured by the course; that home study does not hurt boys and girls; that worry and outside attractions do the harm. Prof. Foshay briefly denies

LIST OF QUESTIONS SUBMITTED.

NAME	No. 1. Is the course of study in our public schools detrimental to the health of pupils? If so, what per cent. of pupils (approximately) is affected.	No. 2. If average children under ten years of age attend school 4 hours, (those under 8), and 6 hours per day, how many hours of home study may be required in addition, without injury to health?	No. 3. Granting daily school sessions of six hours, how much home study may be required of average pupils from 10 to 14 years?	No. 4. How many hours of home study may be required of High School pupils, who attend school six hours daily?	No. 5. Should High School girls from 13 to 15 be required to do the same mental work that boys do in the same grades? If so, after dark, thus necessitating the use of artificial light?	No. 6. Should home study, if permitted, be done from 4 to 6 P.M., thus preventing outdoor life and exercise, or after dark, thus necessitating the use of artificial light?
W. W. Beckett, of Los Angeles.....	No.	None.	One to two hours.	Two to three hours.	Yes, except in individual cases.	At night.
H. G. Brainerd, of Los Angeles.....	No.	Not to exceed one hour.	One to two hours.	Two to three hours.	Yes, as a rule. Yet, more girls than boys ought not to do full work.	From 4 to 6 P.M. must be spent out doors.
Walter Lindley, of Los Angeles.....	Course too heavy. It is dwarfing the intellect by developing the mental at the expense of the physical.	Not over one hour.	Not over two hours.	Three hours the limit.	No.	No study from 4 to 6 P.M.
J. R. Haynes, of Los Angeles.....	Yes, in the east. Not sure about Los Angeles.	None.	Not to exceed one hour. Frequently none.	Not more than two hours.	Not if menstrual difficulty is present.	At night, if oil light is used, and no eye trouble exists.
J. G. Baird, of Riverside.....	Yes. Cannot guess per cent.	None.	One to two hours.	Two to three hours.	Yes.	At night.
Geo. L. Cole, of Los Angeles.....	All would be better if not shut up in school. Only a small per cent. seriously injured.	None.	One hour.	Not to exceed two hours.	Yes. Can do same work in less time than boys.	Depends on eye sight. We want intense mental concentration for short periods.
J. N. Bayliss, of San Bernardino.....	Yes, would suppose about 5 per cent.	One hour.	Not to exceed two hours.	Not to exceed two hours. This is a very trying age.	No. Education makes her greatest killing here.	No study from 4 to 6 P.M.
H. Bert Ellis, of Los Angeles.....	Yes. At least 10 per cent.	Under eight none. Eight to ten 1 hour.	One and one-half to two hours.	Two hours.	Same work should not be demanded. Some can; others cannot.	Early morning. None from 4 to 6 P.M.

C. L. Bard, of Ventura	Yes. Ten or 15 per cent.	None.	Not over one hour.	About 4½ hours per day including school hours.	Girls work easier than boys, because minds more mature.	Evening.
B. F. Church, of Los Angeles	Yes; 10 to 45 per cent, depending on length of school life.	None.	None.	One hour if eyes are good.	No.	Early evening.
D. B. Van Slyke of Pasadena	Yes; 20 per cent.	None.	Not more than 2 hours.	Not over 3 hours.	Yes.	After tea.
Idris Gregory, of Ontario	Yes; 25 per cent.	None.	One hour.	Not more than 2 hours.	Very doubtful.	Evening.
W. W. Roblee, of Riverside	Yes; 25 per cent.	None.	One hour.	Not over 2 hours.	No.	No study from 4 to 6 P.M. Course should be more elective. Too little individual work. Too much collective work.
O. S. Brown, of Wildomar	Yes; 25 to 50 per cent.	None.	One hour.	Not over 2 hours.	No.	Study in the morning.
Louise Harvey Clark, of Riverside	Yes; fully one-half injured, and nearly all handicapped for life.	Should not attend school more than 3 hours daily. No home study.	None.	Not over 1 hour.	Yes; if girls are forced to live the same out-door life as boys.	Morning the best time. Strength of teacher and pupil both wasted by present method.
J. H. Davisson, of Los Angeles	Yes; 50 per cent.	Two hours.	Two hours.	Two hours.	Yes.	7 to 9 P.M.
M. R. Toland, of Pomona	Yes; at least 75 per cent.	None.	None. School session sufficient.	Absolutely none.	No. Girls at puberty should be protected.	No study out of school hours.
H. S. Orme, of Los Angeles	Yes; probably 75 per cent.	Not to exceed one hour in two periods of one-half hour each.	Not more than 1½ hours.	One and one-half to two hours. Left to discretion of pupil.	No. Less should be required for girls.	Evening by shaded oil light. Daylight out of doors.

that any one is injured by the course. A curt, positive statement that is a trifle remarkable even from a pedagogue.

Prof. Ward of Banning High School avers that doctors have, to please their patrons, taken up the fad of school criticism; that one cannot make the average child study hard enough to hurt it; that if some are injured, what matter! The greatest good to the greatest number must be secured; the fittest must survive; the weaklings go to the wall. Ward is an illustration of the fact that a man's language may do violence to his spirit. In his school, on the county board, and in private life, the professor welcomes and invites the physician's advice, and especially aids and encourages the poorer pupils. There seems to exist between doctors and teachers some dispute as to which is the most competent class of observers—in these cases. The teachers are apt to consider our opinions personal criticisms upon themselves. Some have frankly told me that teachers, not physicians, are the ones to determine whether a given child is overworked. From my standpoint, the medical man is the only competent judge, particularly in the case of girls.

Prof. Cooney of Los Angeles, writing Dr. John R. Haynes states the course to be harmless if the child has its out-of-school hours for recreation; but if those hours are occupied by music, elocution, drawing, dancing, etc., then the course will prove harmful. Prof. Wagner, principal of the Redlands schools, has, in response to a request by Dr. Sanborn, prepared an extended reply to my questions. His answers are so satisfactory that I regret I cannot quote them in toto. He writes, "If a high degree of efficiency is attained, and if average pupils are to be promoted without repeating a year's work,

or part of it, the requirements of our course of study are too severe for the highest and best physical development, especially here in Southern California, where the temperature during a part of each school year is too warm for any effective school work. Wagner says it is impossible to give the percentage of those injured, "because no one knows to what extent improper, or insufficient food, personal habits, evil associations, and bad literature, music lessons, social duties etc., are responsible for the breakdowns." And further because "the deleterious effects of excessive school work are not immediately apparent; much of the harm done is known only after school life ceases, sometimes ten to twenty years later."

My own experience is peculiar. I reside in a small town. We have graded schools and a High School. Graduates of the latter are admitted to Stanford without condition, which is evidence that our curriculum is on a par with that of similar institutions. Owing to my official connection with these schools, I have made it my business for over ten years, to become personally acquainted with every child of school age, in the district. A majority of them have been under my professional observation. The hygienic conditions of school life have received marked attention from our board. Our climate is unsurpassed.

A careful canvass of all the pupils has disclosed from twenty-two per cent to twenty-four per cent. of injuries, including defects of vision. I am confident, with Prof. Wagner, that many cases will be revealed by time only. Our teachers are fond of enumerating the extraneous causes of these troubles, but, as a rule, cessation from school work partially, if not wholly repairs the injury.

We must not forget that education

does not consist alone of that acquired in school. Many demand religious training for their children, as Sunday school lessons, prayer or endeavor meetings, church attendance. In one form or another, this element of education is a necessity. Music requires time and close attention from many.

Teachers complain of this, but the increased demand for musical culture denotes the advance of civilization from crudity to refinement.

My girls may never be musicians, but I consider their knowledge of correct musical phrasing quite as important as their ability to parse a sentence from Shakespeare. Social life is also an educational factor.

Culture and polish are quite as valuable acquisitions in this world as mathematics. Religious, musical, and social education must begin early and be continuous. Our girls must possess domestic equipment.

A knowledge of at least the rudiments of sewing, cooking, etc., is indispensable. The girl who graduates from High School or University without such information is an educational cripple. So with the boy; the time his father requires him to spend in farm or office work is no small part of his life training. Most important of all is physical education. To neglect it means ruin everywhere else. It requires time and painstaking. It seems to me the course of study in our public schools ignores these outside, yet necessary things. The course provides, at least, the maximum amount of work the average child can stand, then, when a breakdown follows, asserts that the fault is domestic, social or religious dissipation—as the case may be. It is only too true that many parents require or permit children to devote time to these affairs at the expense of school work. On the other

hand, our so-called educators, are quite as short sighted, when they fail to recognize the necessity for a dozen forms of education outside the school. The more I examine the subject, the more firmly I am convinced that almost all school work should be done in school hours.

Two of my correspondents claim that children under ten should not study more than two hours per day outside of school hours; one would not allow over an hour and a half; six not over an hour, while thirteen would prohibit all extra study. Between the ages of ten and fourteen, one would allow from two and one-half to three and one-half hours; one from one and one-half to three hours; eight from one and one-half to two hours; eight not over one hour, and four, none whatever. In the High School, six would permit three hours, eight not over two hours, two not over one hour, and four none at all. Dr. Edwards would permit whatever study is necessary to keep up with the class.

If the pupil cannot stand it, let him quit. The teachers are as unmerciful as the average doctor. Prof. Foshay replies, under eight years, one-half hour of home work; from eight to ten, one hour; from ten to fourteen, from one to one and one-half hours; in the High School, two hours.

Prof. Emery answers, below ten, one-half hour; ten to fourteen, from one to one and one-half hours; in the High School, two to three hours. Prof. Rowell writes, below ten, none; from ten to fourteen, one hour, unless the child is nervous, or has poor eyesight; in the High School, two hours. Prof. Cooney thinks there should be no home study below ten; one hour from ten to fourteen, not over two and one-half hours in the high school. I quote these Los Angeles teachers, because they fail to agree upon a subject to

which they must have devoted much thought, and also because it is obviously impossible for the average child to master the Los Angeles course in the time allotted by them, in proof of which I quote Prof. Cooney: "I asked ten high school girls this morning how much home study they did, and the answers ranged from two and one-half to four and one-half hours each day." Prof. Rowell adds: "I admit individual cases exceed this amount, probably by more than double." For manual laborers, we have, in many States, an eight-hour law—whether it be wise or unwise. How foolish for the same law-makers to permit children to do brain work for a longer time. A demand for two hours' home study on the part of children under ten, and from two to three hours on the part of high school pupils, is simple brutality. We eulogize those legislatures that have prohibited, or even regulated, the working hours of children in factories and coal mines, and yet we honor school authorities who tax undeveloped brains.

Some of my correspondents exhibit a lamentable lack of thought or of consistency. One gentleman claims that one-half the pupils are injured by the course of study, yet he would permit two hours of home study below the age of ten. Ultimately the people control the school system. Ultimately, too, the people are influenced by the hygienic ideals of our profession. It behooves us, therefore, to have clear-cut views regarding these questions—views based upon physical laws.

Prof. Wagner of Redlands, does not wish his pupils under ten to study at home. He continues: "The length of the school session is not a measure of the child's effort. Some expend more energy in ten minutes than others do in an hour. Given a certain amount of time, some accomplish three, four

or six times as much as do others. Time is not a measure of mental effort. Some children thirteen years old, normally healthy, do from one to one and one-half hours' study outside of school without injury. Others can do none at all without detriment to health. Some, again, should be taken out of school entirely during this year. I find it impossible to strike an average for children about to enter upon the adolescent stage. Here, more than at any other period, the work should be made as elastic as possible. It is always absurd to expect all children to do exactly the same kind and amount of work, but during this year it is criminal. This also holds for pupils of fourteen and fifteen."

Wagner says one other important thing: "Personally, I do not make requirements by the hour or minute. I assign as much work as I find the individual capable of doing without signs of fatigue. Worry is not allowed to enter in where it is possible to prevent it. No parading of marks and no artificial stimulus is resorted to. Hence, fretting and striving over grades, and other artificial incentives is avoided, and we have the pupil's energy for effective work instead."

Dr. Bard also calls attention to the evil effects of fear of punishment and of low grading, and of the excitement incident to examinations.

It may be urged that my paper is merely a mass of conflicting testimony—that it settles nothing. Well, if all the testimony had been one-sided, there would be no question open for discussion. I might have quoted dogmatic statements from text-books upon hygiene or pediatrics. Instead, I have preferred to present the opinions of men and women who are living and working among us. The problem is complicated by so many sanitary conditions, ventilation, heating and light-

ing of school buildings, suitable desks and seats, and a dozen other items, that we find it very difficult to isolate the cause of physical breakdowns. Undoubtedly, each case is the result of complex causes, but in each case, also, some one cause preponderates. I am satisfied the course of study cannot be held blameless. The average teacher is quite as much interested in the welfare of the child as is the average doctor. If, therefore, the physician would promptly order out of school each child known to be suffering from the effects of school life, and would at the same time send written notification of the fact to the teacher, the latter would soon realize the importance of the situation.

Only brief reference can be made to the remaining questions. Shall girls and boys at and beyond puberty be required to do the same school work? Twelve of my correspondents answer no. Five reply yes—under certain conditions. Only three say yes unqualifiedly. I believe the general verdict of the profession is yes—under suitable conditions. Suitable conditions simply mean tomboyism. The girl whose parents wish to have her retain

the delicacy of a house plant, whose outdoor life is a street promenade in a tailor-made gown should not attempt to compete with her brother. Many of them do compete, and do it successfully, and our gynecologists are thankful accordingly. If the girl will play ball, go shooting, "rough it" in the dirt, and wear clothing inside of which her viscera have fair play, she will probably beat her brother in certain lines of intellectual effort, and be none the less a lady on account of either her intellect or muscle. Doctors are a unit in prohibiting study or any indoor employment for school children from 4 to 6 P. M. Parents and teachers seem indifferent to the question, particularly in the case of girls. The girl may take a music lesson, do fancy work or sewing, make calls or help around the house, but she must not waste two hours upon her physical education out of doors. If she does, she must not get her dress dirty, and she must be lady-like; so she finally marries with a fair knowledge of Latin and mathematics, but also with a dysmenorrhea and an erethistic nervous system.

PTOSIS.*

BY GEO. J. LUND, M.D., LOS ANGELES, CAL.

Report of two Cases Corrected by Wolff's Operation.

In presenting the subject of ptosis for your consideration, I shall only briefly refer to its etiology and pathology, my object being to report two cases and their treatment by the operation recently devised by Dr. Hugo Wolff of Berlin.

Ptosis may be either congenital or acquired and nearly always indicates partial or complete paralysis of the levator palpebrae superioris muscle,

which is supplied by a branch of the third nerve.

Congenital ptosis may be dependent upon an excess of the skin of the lid or upon defective development or absence of the levator muscle. The paralytic may be single or bilateral, with a central or peripheral lesion of the oculo motor nerve and is often accompanied by paralysis of some of the extrinsic eye muscles.

Most authorities believe that a large proportion of these cases are the re-

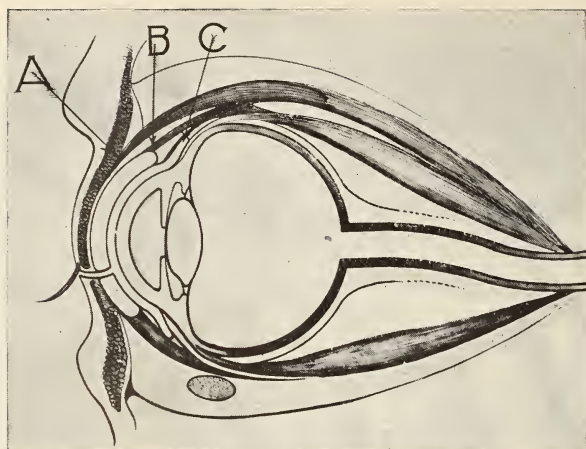
*Read before Southern California Medical Society, May 3, 1900.



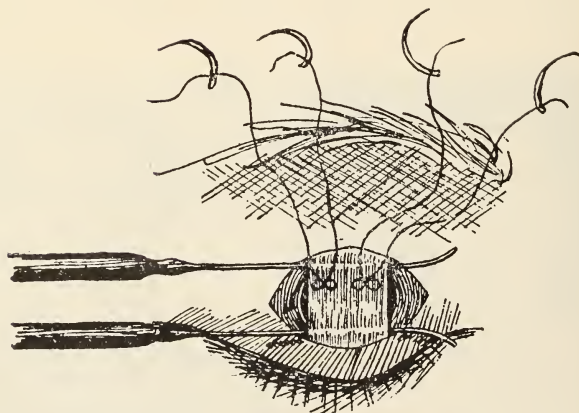
CASE 1.



CASE 2.



Cut 1.



Cut 2.

sult of injury inflicted by excessive pressure upon the cranium during delivery.

The acquired form may be due to a variety of causes, such as increased weight of the lid from inflammatory deposits, as in trachoma, accumulation of fat or redundancy of the skin, traumatic injury of muscle or nerve, defective innervation and paralysis. The most frequent cause of the paralysis is syphilis.

In the treatment of ptosis we must seek to remove the cause if this be ascertained. In rheumatic and syphilitic cases potassium iodide is very efficient. The muscle may be stimulated to better contractions by the use of the faradic current.

If the restoration of the function is not complete in three or four months an operation may be resorted to.

The object to be attained in operations for ptosis is to increase the efficiency of the lifting muscle of the lid. The elevation of the lid in normal eyes is accomplished entirely by the levator palpebrae superioris.

In congenital ptosis where the levator is undeveloped and insufficient, the occipito-frontalis is brought to act upon the lid and to a limited extent becomes an accessory levator. The action consists in simply stretching the skin and in cases where the skin is lax the effect is almost nil, and yet nearly all operations for ptosis have been procedures for the removal of redundant tissue and for increasing the power of the occipito-frontalis as an elevator of the lid.

I shall not review these operations which in some instances are fairly successful, yet in most cases leave much to be desired.

The faulty muscle is the levator palpebrae and the frontalis can never be made a good substitute.

Insufficiency of the extrinsic muscles

of the globe is overcome by advancement or resection and the analogy is so alike in the levator insufficiency that we would expect the same treatment here applied would bring equally good results.

Efforts in this direction have been made by Graefe, Bowman and Snellen, but they were not successful and their methods have not been generally adopted.

In a paper published last year in the German edition of the Archives of Ophthalmology, Dr. Wolff shows us a method of advancing the levator muscle which has proved very effective.

Dr. F. C. Hotz of Chicago gives a resume of this paper in the January 1898 number of the Ophthalmic Record.

In cut number 1 (Noyes) the three-fold insertion of the levator palpebrae superioris into and about the upper edge of the tarsus is clearly shown. (a) The most anterior part of its tissue down upon its anterior surface and merges with the aponeurotic layer which come down from the upper border of the orbit. This union of fascia and muscle sheath takes place about 8 m.m. above the upper border of the tarsus and forms a firm aponeurosis which passing over the upper border of the tarsus is attached to its anterior surface in a line about 5 m.m. above the lid margin. (b) The middle layer and principal part of the tendon is inserted into the upper edge of the tarsus. (c) A third portion of the tendon dips down and goes to the superior fornix of the conjunctiva.

Wolff practices two operations in which he applies to the levator muscle the principal of advancement by tendon resection.

Resection of the main tendon through a conjunctival incision. 1

have not performed and, therefore, will not describe the operation.

Figure 2. Resection and advancement of the levator aponeurosis through a cutaneous incision is performed by making a cut along the upper border of the tarsus through all the tissue down to the orbicularis. Dissecting the skin upwards and downwards a portion of the muscle about one centimetre wide together with the underlying aponeurosis is seized with forceps lifted into a vertical fold, a cut is made at each side of the fold through which two strabismus hooks are slipped under the tendon, so that one hook is placed close to the insertion and the other hook so far above it that the distance between the two hooks represents the piece of tendon to be resected.

Two double armed catgut sutures are put through the tendon just below the hooks and the portion of tendon excised.

The sutures are passed through the tendon stump at the line of insertion, tied and cut off short. The skin wound is closed with silk sutures.

Just as in advancement of the extrinsic eye muscles the effect is in proportion to the amount of tendon re-

sected and should be gauged accordingly.

Case I. Chow G. K. History imperfect but ptosis is of several years standing. Besides the true ptosis in the left eye there is a projecting fold of skin from the upper lid of both eyes.

I performed Wolff's operation for advancement of tendon aponeurosis assisted by Dr. R. W. Miller, patient anesthetized. The result was perfect and the lapse of a year shows it to be permanent.

Case II. Eugenia M., aged 14. Ptosis resulted from chronic trachoma of several years standing. The condition was not a promising one for any operation, but the Wolff's treatment improved it considerably and later the removal of a wedge of the infiltrated tissue of the lid gave me the result you see in the picture, viz., a useful eye that previous to the operation was covered by a curtain that could not be lifted to let in the light.

Thus far the results attained have been most encouraging and I believe that where the function of the levator muscle is not wholly destroyed, one of these operations of Dr. Wolff will afford great benefit.

TRANSMISSION OF TYPHOID FEVER AND ITS PREVENTION.

BY L. M. POWERS, M.D., HEALTH OFFICER, LOS ANGELES, CAL.

Although there is no doubt that typhoid fever existed in all countries for ages, it remained for Gerhard of Philadelphia to differentiate this disease from typhus fever, as late as 1829. After this a great deal of speculation arose in regard to the transmission of this disease; Bretonneau, Troussou and others claimed it was contagious, while many good authorities contended that it was infectious

only, and as the true character of the materies morbi was unknown, the study of the transmission of typhoid fever was from epidemics and consequently spasmodic and with little pronounced progress.

The discovery of the typhoid bacillus by Eberth created new interest in the study of this disease and since then much additional information has been contributed by various scientific workers, who have proven beyond a

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doubt that the bacillus discovered by Eberth in 1880, and isolated and cultivated by Gaffky in 1884, is the specific cause of typhoid fever. The typhoid bacillus is a motile, non-liquifying germ, developing best at a temperature of 37 degrees C.; over 40 degrees and under 30 degrees C., its growth is retarded, below 10 degrees it ceases to develop, but freezing does not destroy its vitality. It is pathogenic in man. It is not pathogenic in the lower animals and does not occur naturally, so far as known, among the lower animals.

It generally enters the system through the mouth and stomach, though it may enter through the air passages or the tonsils, occupying the intestines, liver, kidneys, lymphatics and the blood; sometimes the lungs, tonsils and even the meninges or other tissues, generally in foci, seldom singly except in the walls of the intestines.

According to Dr. W. H. Park, the bacilli may be found in the feces of about 50 per cent. of all typhoid fever patients, in the urine in about 20 per cent. of the cases, and sometimes in the sputum. This bacillus sometimes plays the part of pus producer causing abscess of the liver, spleen and other tissues.

The presence of the typhoid bacilli in the feces is due to the fact that they are thrown off from the ulcerated mucous membrane into the intestinal contents, where they remain alive until voided. The bacilli in the feces of some individuals die in a few hours and in others live many days or even weeks or months and increase in numbers if protected from strong light and extreme heat and cold. The typhoid germ may exist in the fecal discharges of persons afflicted with this disease so long as there remains any ulceration of the mucous membrane of the in-

testines, or so long as cholecystitis may exist, and this complication has been reported to have existed in typhoid fever patients for weeks and months after the first onset of the disease. The bacilli are found in the urine after the third week and may continue for weeks or years in case of typhoid cystitis as was reported one case four years after the general attack by Gwyn of Johns Hopkins.

There is no sex or age limit to this disease for both sexes and all ages are susceptible. Some persons seem to be predisposed to contract typhoid fever while others have resisting powers sufficient to modify the disease. The length of time after the introduction of the bacilli into the system before clinical symptoms are developed sufficiently to pronounce the patient sick is usually from ten to twenty-five days. The infectious material is discharged from the sick by means of the excretions and secretions, the feces, urine and occasionally the sputum, which no doubt contain the greatest number of bacilli during the active stages of the disease. Since the mouth and stomach is the avenue through which infection generally takes place, any article of food or drink which is infected may be the vehicle to carry the bacilli into the system. Infected fingers or table ware such as cups, spoons, forks or other infected means used to convey food to the mouth may be the vehicle to transmit the disease to a susceptible person.

We desire to be better acquainted with the existence of this bacillus outside of the human system where it is more difficult to gain correct information of its life and habitat.

Since it is found to be non-pathogenic to the lower animals it stands to reason that these animals do not incubate the germ. How long the ty-

phoid bacilli may live in the soil is an unsolved problem. Some authorities say that under favorable circumstances out of the sun or strong light and warm soil they may not only live for months but may increase.

The soil receives the dejecta from the inhabitant of unsewered cities, towns and the rural districts and often the sewage of cities are turned upon the soil for irrigating purposes. Sewage irrigation when carelessly conducted produces soil infection. In many towns and rural districts the dejecta are generally stored in the ground in cesspools and privy vaults, which not only pollute the soil in immediate contact but for a great distance from their point of localization by burrowing animals and insects, by underground currents and springs, and by overflows during rainy seasons.

The urine is quite often thrown or passed upon the ground because it disappears from sight so readily, and the sputum is another source, never suspected, which is thrown upon the ground. Some of the unfavorable conditions in or upon the soil for the maintenance of the typhoid bacillus are sun light and heat together with the saprophytic germs, but there are no doubt conditions that will favor the life and growth of these germs. In a stream or lake of water the typhoid fever bacillus will not live longer than 14 or 15 days, in ice or snow it retains its vitality for months. Water is the most common carrier of this disease because it is taken into the stomach more extensively than any other article and because it receives the sewage from the cities and towns; and the residents of unsewered towns, and rural settlements construct their cesspools and vaults near their wells or the streams of water supplying themselves or their neighbors. The camper

and the pleasure seeker are too often ambulant cases of typhoid fever or are convalescents from this disease and perhaps are still suffering from typhoid cystitis or cholecystitis and deposit their excretions into a stream where they are dissolved in water and conveyed by the current from sight or camp. During the winter months residents along the banks of streams imagine because freezing prevents offensive odors from arising that there is no harm in throwing their dejecta on the snow or ice where the bacilli remains latent until the spring thaw, when the germs are conveyed to neighbors in their water supply as was the case in the epidemic of typhoid fever in Plymouth, Penn., in 1885. In this case the patient was sick in January and the thaw took place in March; in the first week of April typhoid fever became epidemic in the little town in consequence of the water supply having become polluted from the discharges of one case of typhoid fever. Careless and indifferent nurses throw the excretions of these patients upon the ground near wells or other places where it is possible for the germs to gain entrance into the water supply. There is no doubt that convalescents and ambulant cases deposit bowel discharges and urine near wells or streams supplying water for domestic purposes little thinking of the real danger they are subjecting their neighbors to. Soil contamination leads to water pollution by surface washing during rainy seasons and soil drainage during dry seasons. It is claimed by good authority that the dust raised by the winds may convey the bacillus into food or drink and into the throat by inhalation and thereby infect susceptible persons.

It is probable that the increase of the disease in the early fall months may be due to dust inhalation, soil

drainage into the wells and streams, together with camping and summering in localities illy provided with sanitary arrangements. A close investigation made to ascertain the source of infection of the cases reported during the summer months, to the Los Angeles Health Office, proved that at least 45 per cent. received their infection from points outside of the city.

This bacillus will live and increase in milk; therefore, milk infection is a great source of transmission of the disease to residents in cities, which is quite often proven by outbreaks of the disease in the routes of the milk venders. Many instances might be given in our experience of the spread of the disease by dairymen. The ambulant or convalescent typhoid patients may infect the milk while milking or by handling milking utensils. Polluted water used to dilute the milk or rinse the milk cans or bottles may infect the milk. The delivery of milk to customers in bottles or other vessels which are left at the residences of typhoid fever patients may transmit the disease by the bottles becoming infected and being refilled and delivered to another customer before they have been properly sterilized. And it may be assumed that the bottles are seldom properly sterilized, for the great danger of breaking by scalding water prevents the dairyman from taking any chances, to say nothing of the fact that the driver of a delivery wagon may refill the bottles while on his rounds, when he has no possible opportunity of cleansing them. House infection is quite common, particularly in case where there are any leaks in the soil pipes, and the fixtures are enclosed in wooden casings. Transmission by sewer gas is hardly possible.

Irrigation with sewage direct upon the foliage of lettuce, celery, tomatoes and vegetables which are eaten un-

cooked undoubtedly may transmit the disease. A report of the Massachusetts Board of Health of an outbreak of the disease at the Northampton Insane Asylum is of interest on this point. Previous to September 10th, 1899, there had been but four cases of typhoid fever for ten years, but from that date cases began to appear in an alarming number. In five days fifteen cases were reported, in the following five days ten cases, and the next five days fourteen cases, and the five succeeding days there was little abatement of the disease. On investigation it was found that the farm hands, nurses, kitchen help and a class of inmates in the asylum who had been eating celery had the disease; another class of inmates who had not eaten celery did not have the disease. It was found that the sewerage system was so constructed as to convey the sewage to some filter beds, and this was finally spread upon the celery beds and the celery banked up as usual. The eating of the celery was begun in the month of August and continued until interdicted, when the disease commenced to disappear. One of the hands continued to eat the celery and soon came down with the disease.

Transmission of this disease has been reported more than once in consequence of eating raw oysters which were fattened in streams polluted with sewage, and it is claimed by Foote that the bacilli will live in shellfish bedded in salt water four or five weeks.

Laundresses have often been infected by laundering clothing of typhoid patients. Any person coming in direct contact may become infected. Refuse food or the dishes used by the typhoid patient may be the means of transmitting the disease. Any instrument or other material used about the

room of the typhoid fever patient may transmit the disease, particularly thermometers and syringes. Insects may become infected or the bacilli may cling to their feet and be thereby transmitted to the food or drink of man. Flies were said to have disseminated the disease in the camps of the soldiers during the Spanish war.

PREVENTION.

To prevent the transmission of this disease two objects must be accomplished:

First—The destruction of the bacilli given off from the infected persons, which may be done by thorough disinfection.

Second—The prevention of any germs that escape destruction or that may have been produced outside of the human system, from coming in contact with susceptible persons.

Typhoid fever patients should be treated in apartments separate from other persons, and all unnecessary visiting prohibited. The nurse or other persons handling the sick or any of their clothing, and particularly the dejecta, should thoroughly wash their hands with soap and water and disinfect with a solution of corrosive sublimate or formalin. The dishes, knives and forks should be cleansed by boiling water before being used by others, and all food touched and not consumed by patients should be burned; all sheets, towels, napkins, should be boiled, and all clothing which cannot be boiled and which may have been soiled by the patient should be disinfected with formalin. It is well to place a piece of rubber cloth or sheet under the patient to protect the mattress from discharges. All rags, papers which have been used by the infected person, together with the sweepings of the room, should be burned at once. All house flies excluded from the room, not only to

prevent annoyance, but to prevent the transmission of the disease. The feces, urine and sputum should be received into vessels containing a quart or more of one of the following solutions:

Solution of formalin, 1 to 20.

Solution of corrosive sublimate, 1 to 500.

Chloride of lime, 8 oz. to a gallon.

After thoroughly mixing so as to break up all masses in order that the germicide may come in contact with the bacilli, let the vessel stand for an hour before being emptied into the sewer or cesspool, to insure positive sterilization.

Nurses often fail to perform this work thoroughly, on account of the disagreeableness of the same. All sewage before being turned into a stream that may be used for domestic purposes or for irrigating garden truck should be sterilized. All water used by cities which come from rivers, lakes or other streams should be sand-filtered before being conveyed to the consumers. No water should be used from wells which are located within 200 feet of any cesspool or privy vault without having been first boiled. No typhoid fever patient or convalescent from typhoid fever should be permitted to remain in or about any dairy or other place from which milk or its products are marketed. All streams which supply water for domestic purposes should be thoroughly patrolled to prevent pollution by residents or visitors.

Immunization has been practiced by injecting 5 c. c. of serum of a well immunized horse, which gives protection for several weeks. Another means has been employed, which is similar to Pfeffer's or Haffkine's preventive injections for cholera and the plague. Small amount of an agar culture of typhoid bacilli are sterilized by heat.

at 55 C., or by one-half per cent. carbolic acid, and injected subcutaneously, which is followed by a rise of temperature, some nausea, dizziness and chilly sensations. The local effect sometimes is marked by tenderness and swelling, which may persist for four or five days.

According to the tests of Pfeiffer and Kolle the substances in persons thus injected are as abundant and as lasting as after an attack of typhoid fever. These injections are being tried upon troops and later we may expect to receive full reports of the results.

By the united efforts of the people of both city and country, this disease may be prevented. The food supply is derived from the county districts, and are clean or infected in proportion to the sanitary conditions of the localities from which they come.

The medical profession generally ap-

preciates the necessity of united action in all sanitary matters, but the laity for want of sufficient information does not consider sanitation worth their attention until some epidemic visits their own homes, and then, as time passes, all is forgotten and the necessary precautions are not taken until another visitation of the disease is encountered. To eradicate this spasmodic and intermittent interest in sanitation let the State give to the State Board of Health advisory and supervisory control of all local boards of health, with uniform laws and their execution, which will teach the people to appreciate that what is to one man's interest in sanitary matters will benefit all, and to work with one aim.

Authorities referred to, W. H. Park, "Bacteriology of Medicine."

Osler's "Practice of Medicine."

Anders' "Practice of Medicine."

FRACTURES OF THE NECK OF THE FEMUR.

BY F. C. SHURTLEFF, M.D., LOS ANGELES, CAL.

Mr. President and Members of the Southern California Medical Society:

When invited by the chairman of your surgical section to prepare a paper for this honorable body I was at a loss for a subject that might interest you. I decided to call your attention to Fractures through the Neck of the Femur. The subject concerns us all, because of the difficulty at times of establishing a diagnosis and the proper management of a given case, after one has determined that a fracture exists. Again there has been such a wide diversity of opinion amongst surgeons, as to what constituted good results, so far as shortening of the limb is concerned, after treatment has taken place. In reply to a question I have often asked of Eastern surgeons bearing upon short-

ening, various estimates have been given me, ranging from one-half to three inches as constituting good results. Damage suits are apt to be instituted against the surgeon on account of subsequent shortening of the limb and loss of function in certain directions, together with pain that often persists even after the fracture has been very cleverly treated, in conformity to law, that ordinary skill be practised, not extraordinary. Personally, I know of no class of fractures that cause greater anxiety to the surgeon than those that exist about the hip joint. Lameness is almost sure to follow in spite of all treatment. In those of a rheumatic tendency, pain is very persistent, which is neuralgic in character. A point that is of anatomical interest, as set

forth by Bigelow, Hamilton, Stimson and others, is worthy your favorable consideration, for it explains to a limited degree why a fracture through the neck of the femur takes place at one point in preference to another. A horizontal section of the neck of the femur shows the posterior wall plunging beneath the inter-trochanteric ridge at an angle where the neck joins the shaft, the posterior wall is of the thinness of paper, and here impaction takes place. The anterior wall, on the contrary, is seen to be quite thick, and forms by its fracture a hinge which is very rarely impacted. As we approach the smaller portion of the neck near its head, there is a decreasing tendency to osseous union, due probably, to faulty nutrition of the detached extremity. A change in the direction of the axis of the neck to the shaft in elderly people is said to be responsible to a great extent, for fractures at this point. I cannot think it is so much a change in obliquity of the neck, but agree with Wyeth that it is a senile rarefaction which usually begins about the fiftieth year. The division of fractures at the hip into extracapsular and intracapsular varieties is no longer tenable, but division into fractures at the base and small part of the neck have taken their place. The symptoms are briefly as follows: A loss of function of the limb is the rule, not only is the patient unable to bear his weight upon it, but he cannot move it in bed, the posture and appearance of the limb are so characteristic that it is almost safe to make the diagnosis by simple inspection. With the patient lying upon the back, the affected limb appears shorter than the other. Eversion is the rule, inversion is the exception in the proportion of 8 to 1. The leg is slightly flexed and abducted and conveys an impression of helplessness that is often striking. The upper portion of the thigh is swollen

in front, and on the outer side ecchymosis sometimes appears after a day or two. Pain is always present, usually slight or even absent when the patient is at rest, but is readily excited by voluntary motion. Crepitus may or may not be present, depending upon the degree of impaction. Fractures through the trochanter major are almost unknown without fracture of the neck or shaft. So far as a differential diagnosis is concerned between extra and intracapsular fracture (according to the old division) suffice it to say that in extracapsular fracture there is more swelling indicating greater extravasation and there is also greater shortening. In intracapsular fracture the trochanter arises above Nelaton's line and flattening in the region of the trochanter is more marked than in the former. While it is highly satisfactory to be enabled to make the diagnosis of either variety at times it is impossible during the life of the patient as verified by Hamilton. Agnew said "to recognize clearly a fracture through the neck of the femur or to assert with positiveness that such a fracture is present is often a matter of no small difficulty." Gosseline made the statement "that a rigorous diagnosis between intra and extracapsular fractures is both impossible and useless." Mr. Bryant tells us that the old division of intra and extracapsular fractures is as unscientific as it is impracticable, and finally Bigelow felt justified in warning us in making any protracted or considerable examination to differentiate between the different fractures of the femoral neck. Impacted fractures of the base of the neck with inversion are rare. Bigelow, Hamilton and Smith each cite but one case. Eversion is such a constant symptom that much can be said upon it as an aid in diagnosis. It may be so slight that it

could only be recognized by comparing the extent to which the two feet can be inverted, or to the degree I once saw where the foot rested upon the outer border. It is largely the result of effect of gravity acting upon the limb under changed conditions of support, and favored by angular displacement of the fracture. Eversion may be present in contusion and inversion must be explained away before making a decisive diagnosis. If measurements of both limbs were more frequently taken after a suspected fracture at the hip, I am confident there would be less mistakes made and a fracture at that point would not be diagnosed as a sprain of the knee, that I will report later. By the average surgeon or physician the sign of crepitus is much sought after to clinch a diagnosis in fracture, but let me caution you in this class of fractures, for not only does it inflict pain, but may do an irreparable injury, especially if it be impacted in an aged individual, for an impacted fracture in such a case would give far better results than an unimpacted fracture. The trochanter major is the most reliable and valuable landmark to which we are continually appealing in injuries of the lower extremity. There is a natural depression over the hip, where it lies very near the surface and can be readily and plainly felt especially when the thigh is rotated, nothing intervenes between the bone and the skin, except the strong fascia of the gluteus maximus and the great bursa underneath it. The top of the trochanter lies pretty nearly on a level with the spine of the pubes, and is about 3-4 of an inch lower than the top of the head of the femur. A careful examination of the bearing of the great trochanter to other bony prominences of the pelvis and a comparison of its relative position with the opposite side are the best guides in the diagnosis of

injuries about the hip, and the position of the head of the femur. The prognosis in any case is not altogether favorable. Lameness and shortening are to be expected, and in the aged death may take place, soon after the femoral neck has been broken. R. W. Smith collected 60 cases; 26 terminated fatally within the first month and four in the second. These figures do not represent the average mortality of the injury, for his collection is only in cases that furnished specimens, but they serve to call attention to the actual danger that does exist and to the probability that death will be caused promptly if at all. Cases die either of shock, intercurrent pneumonia, fat embolism (especially of lungs) and marasmus from long confinement. Treatment: this resolves itself under three heads: First save life. Second, obtain union: Third, correct or diminish displacements. In marked shortening it is permissible to draw down the limb to its full length, forcible correction should only be resorted to in the relatively young or robust. If it is an impacted fracture its object is to steady the limb. So far as bony or fibrous union is concerned give the patient the benefit of the doubt and put him to bed and attempt bony union by fixation, watching the patient closely and if a failure of strength is observed, confinement in bed should be disregarded and get him up on crutches as soon as possible. In a large majority of cases, if there is a serious injury to the neck of the bone, it is either an impacted fracture of the base of the neck or some other fracture about which it is of no particular importance in its treatment to know anything, except that it exists and needs extension. Druiitt said, "Preservation of life comes before preservation of limb and I heartily indorse that statement: To

overcome eversion I depend upon sandbags in connection with Buck's extension, but I would be derelict in my duty did I not caution you to watch them carefully. See to it that they retain the position of the limb. We should keep the warning uttered by Hodgson nearly a century ago ever before us, 'that inability to use the limb in an elderly subject after a fall upon the hips should be deemed evidence of probable fracture of the neck of the femur. I claim without fear of contradiction that in every case in which there is the shadow of a doubt, especially in the aged, that it should be treated at first as a fracture. If fracture is not present the rest and confinement in bed can do no harm for a limited period. In cases of comminution of the bone at the hips Cheyne and Dollinger each report a case. In Cheyne's case there was a fracture at the base of the neck and comminution of the upper fragment including a longitudinal fissure extending into the head. Two ivory pegs were driven through the trochanter into the neck, the wound closed without drainage and the patient kept in the semi-recumbent posture with the limbs resting upon a pillow and steadied by plaster of Paris dressings. The operation was performed three days after the accident. Primary healing and a useful limb was the result of this treatment. Dollinger's case was operated upon twenty-five days after the accident. A double silver wire was employed and plaster of Paris bandages, which lead to healing under one dressing. Senn strongly recommends plaster of Paris dressings, involving both lower limbs and lower part of trunk together with direct pressure against the outer space of the great trochanter in a line with the long axis of the femur, by means of a pad moved by a screw through an iron bracket set in the plaster of Paris.

It is applied with the patient standing on a chair on the sound leg, so that the weight of the broken limb may make the necessary extension. He reports eight cases within a period of five years with good results. It is contra-indicated in extreme obesity and debility. I have never employed Senn's method but it is worthy of remembrance. On account of atrophy of muscles, massage should be commenced early. It has been my good fortune to see four cases of fracture through the femoral neck within the past sixteen months. Two occurring in the practice of Dr. Beckett of Los Angeles and two in my own.

REPORT OF CASES.

Case No. 1. Mr. A., aged 58 years, resident of Los Angeles, while stepping from a street curb on Feb. 7, 1899, fell, striking upon the left hip and side of the body. A physician was called, who diagnosed the case as a sprain of the left knee, as pain was more pronounced at that point, and marked swelling was present. Patient's leg was manipulated each day, and he was encouraged to get up and go about. Dr. Beckett saw the case for the first time, seven weeks after the accident. I was asked to see the case by Dr. Beckett the next morning. Examination revealed a shortening of $2\frac{1}{2}$ inches upon the injured side of the body; eversion was present to a marked degree, crepitus was elicited by manipulation. Diagnosis: A fracture extending through the surgical neck; chloroform was given and I assisted in making extension and correction of deformity. Buck's extension was the form of apparatus employed with a weight of 18 pounds to overcome shortening and maintain extension. Patient was in bed five weeks, no splints were used but sandbags instead, to overcome eversion of the limb. I examined the case with Dr. Beckett, April 17, 1900. No ever-

sion is present, movements about the hips are nearly normal, shortening is present to the extent of 1-4 inch. Pain is present of a rheumatic nature from time to time depending upon climatic conditions. He walks about the house with a cane and can bear the weight of the body upon the damaged side. Massage is being applied daily and he is rapidly improving. I consider the results as remarkable, considering the management of the case prior to the installation of proper treatment.

Case No. 2. Mr. C., aged 50 years. Residence, Los Angeles, met with an accident, April 3, 1899, being dragged by an unruly horse, which threw him upon his left side. Dr. Beckett was called and I saw the case in consultation the next morning. Shortening was marked and most decided eversion of the limb. Patient was suffering much pain and a prominent swelling was present at the upper portion of the thigh. Diagnosis of fracture of femoral neck was made, and it was treated as was case No. 1. A fourteen-pound weight was required to maintain extension. I examined the case April 17, 1900. Found the patient walking about the yard with a cane. Eversion is still present. He now has shortening of $\frac{3}{4}$ -inch, the movements about the hips are improving daily. I consider this case extremely fortunate to attain the results he has, under the circumstances, eversion will be much less in three months if the patient will practice inversion of the limb in his daily walks with his cane

Case No. 3. Mr. V., age 28 years. Resident of Los Angeles, met with an accident October 19, 1898. A physician was summoned who pronounced it a sprain. After much "pulling and hauling" he was given a liniment with instructions to rub his hip well. No

measurements were taken or comparison made although the patient declared one leg was much shorter than the other. I saw the case for the first time, December 11, 1898. Patient was suffering great pain in the left hip, the limb was absolutely helpless. He had to lift it about when he wished to move it in any particular direction. Inversion was marked, the foot resting upon its inner border. Dr. Burke, to whom I am greatly indebted, assisted me in correcting deformity. The head of the bone was dislocated, upon the dorsum of the ilium. It was easily reduced, but shortening was persistent. A diagnosis of fracture of femoral neck probably impacted with dislocation was made, and case treated by extension with weight of 16 pounds, and sandbags employed to overcome eversion that took the place of inversion after reduction of dislocation had taken place, I was forced to let patient up on crutches after confinement in bed for three weeks. At the present time, he walks with a cane, with a shortening of one inch. Motions at the hip are good. He still suffers pain that shoots along the thigh, but is gradually improving. He can bear his weight upon the injured limb and is attending to his daily work.

Case No. 4. Mr. S. Age 82; a patient of the Christian Hospital of Los Angeles, fell and was found by his nurse lying upon the floor on the morning of April 7, 1899. He was assisted into bed and I was sent for. I found upon examination a fracture of femoral neck. On account of his age no attempt was made at extension, but sandbags employed to steady the limb. He died from exhaustion, April 12, 1899, as he was bedridden before the accident. While the above cases do not present anything out of the ordinary

except case No. 3 I feel that the more thoroughly we familiarize ourselves with the clinical picture that I have so feebly attempted, the less mistakes we will make in this class of fractures

and certainly none of us will jump at the conclusion that it is only 'a sprain at the knee. If so I shall have accomplished my object and this paper will not be lost to you.

SELECTED.

DEPARTMENT OF MEDICINE

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, AND J. LEE HAGADORN, M.D.

TUBERCULOSIS OF THE PLEURA.
—A vast amount of evidence, clinical and experimental, has accumulated of late to show that the great majority of the cases of idiopathic pleurisy are due to tuberculosis of the pleura. Because of this, the clinician generally looks for, and often finds, the primary tubercular focus elsewhere, most often in the parenchyma of the lung. Hodenpyl (New York) has recently presented the interesting and important observation that miliary tuberculosis may be, and often is, primary in the pleura. In the pleural surfaces of ninety-one adults whose lungs were free from tuberculosis, he found evidences of tuberculosis in forty-one—over 45 per cent. The lesions were in the nature of flat or slightly raised white areas, in diameter from 1 mm. to 5 mm. Microscopically, they consist chiefly of fibrous tissue, usually surrounded by coal pigment, often containing caseous centers, calcareous masses and giant cells. These same structures have often been considered as miliary fibromata. The source of infection is difficult to ascertain—probably oftenest the bacilli have entered the lymph vessels directly from the alveolar cavities, as the lymph stream often sets toward the pleura

instead of toward the hilum. In but six of the forty-one cases the bronchial glands were caseous. Hodenpyl considers that by extension of the tubercular process through endothelial layers, with liberation of the bacilli into the pleural cavity, acute tuberculous pleurisy may be produced. And also a simple pleurisy may become tubercular from this source.—Medical Record, June 24, 1899.

A DANGEROUS SUBSTITUTE FOR WHISKY.—No Maine woodsman has been killed by liquor this spring, but four have killed themselves by drinking the contents of bottles labeled "Jamaica Ginger." A few weeks ago the bodies of Horace T. Gardner and Clinton Gardner, brothers, were found in a camp near Machias. The stomachs of the men were sent to Bowdoin College for examination, and on the report of the analyst a coroner's jury decided that the men came to their death from drinking a mixture, put up as the labels on the bottles state, by the Hoyt Medicine Company of Boston, and purporting to be Jamaica ginger. Upon analysis, this "ginger" was found to be composed of alcohol and capsicum, or red pepper, with only a slight trace of ginger.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND ROSE TALBOTT BULLARD, M.D.

MECHANICAL TREATMENT OF ATONIC BLEEDING OF THE UTERUS.—(Centralbl. für Gynäk., Feb. 14, 1900). Schwertassek. The patient, a pluripara, five months pregnant, had persistent hemorrhage for three weeks, in spite of rest and tamponing. There was great dizziness, weakness and loss of appetite; skin and mucous membranes pale, gait unsteady. An attempt to induce labor by tamponing cervix and vagina, then by the intra-uterine kolpeurynter, was made for three days without success. The bleeding continuing, under narcosis forcible dilatation was effected and twins delivered. A hot intra-uterine douche was given, hypodermics of ergotin and camphor oil and salt infusion. As the uterus had been so irresponsive to stimulation, atony was feared; so it and the vagina were packed tightly with gauze. After one hour hemorrhage began. Intra-uterine injection and ergotin modified but did not control it. The patient was in collapse. It being useless to pack again, the uterus was seized with two Muzeux forceps and drawn down firmly, as recommended by Arendt in 1898. Bleed-

ing ceased immediately, recurring when traction was released. A weight of less than two pounds was then attached by a cord and hung over a chair; the portio remained over the vaginal entrance. Further stimulation was given and she was left on the table four hours, when she recovered consciousness and was removed to bed. The weight was detached, but in a short time light bleeding began, whereupon traction was resumed and continued all night. There was light fever on the third day from necrotic patches at the point of insertion of the forceps, but this subsided on the fifth, and she was up on the fourteenth day.

The only other treatment in this case would have been extirpation, and the patient would not have survived that ordeal. The doctor advises this method in all atonic bleeding, and thinks it would be practicable in obstetrical injuries where suture or tampon do not succeed, or for whatever reason may not be made; the traction, however, must be continued a long time.

DEPARTMENT OF PEDIATRICS.

BY E. B. SWEET, M.D., LOS ANGELES, CAL.

TOXICITY OF THE MILK OF DIPHTHERITIC WOMEN.—Arnozan (Arch. Clin. de Bordeaux, August, 1898) relates the history of a nursing woman who acquired diphtheria. The child was taken from her temporarily, and as soon as she recovered and asked to resume her nursing a test of her milk was made before allowing

the child to run any risk. The milk was fed to two guinea-pigs, both of which died within a few days after rapid emaciation. It would seem, therefore, that the milk of diphtheritic cases is dangerous even in convalescence. Antitoxin had not been resorted to.

CONTRAINDICATIONS FOR MATERNAL LACTATION. — Demelin (*Jour. de Med. de Paris*) says that there is but one condition, viz., tuberculosis, where maternal lactation is absolutely and unequivocally forbidden under every conceivable circumstance. In all other conditions the necessity for forbidding maternal lactation is purely relative—sometimes the child should be weaned outright, at others there is only a temporary suspension demanded, etc., etc.

ARTIFICIAL FEEDING OF INFANTS.—E. Schlesinger (*Therapeutische Monatshefte*) believes that good results in artificial feeding can only be obtained if the infant is placed under the same favorable conditions that exert a beneficial influence on the well-being of the child at the breast. This may be shown by a study of dietetics, which teaches us not only the kind of food to use, but also the quantity which is to be administered, according to the age of the child. This is the most important and most necessary factor. We do wrong, and make a mistake, in directing our attention solely to the method of feeding, and relegating the study of dietetics to a subordinate position. Every rational method of feeding may succeed if the rules of dietetics are borne in mind, and no method will lead to success when the principles of dietetics are continuously ignored.

The following is a resume of the author's conclusions:

(1) Success in artificial feeding is based, in the first instance, on dietetics.

(2) Dietetics consist in (1) the administration to the infant of an ex-

ceptional chemical and bacteriologically pure cow's milk, and (2) in rigidly adhering to the quantity of food which is physiological and which takes into consideration the capacity of the stomach for a single meal, taking as a guide for the daily amount of food to be administered the capacity of a normally developing breast baby.

(3) The method of feeding is of subordinate importance, as compared with dietetics.

(4) The most rational methods of feeding cow's milk are those which yield the same value of nutrition as mother's milk.

PRIMARY CHANNELS OF TUBERCULOUS INFECTION IN CHILDHOOD.—Dr. George F. Still, in a paper presented to the last meeting of the British Medical Association, arrives at the following conclusions:

"(1) The commonest channel of infection with tuberculosis in childhood is through the lung. (2) Infection through the intestine is less common in infancy than in later childhood. (3) Milk, therefore, is not the usual source of tuberculosis in infancy, perhaps owing to the precautions taken in boiling, sterilizing, etc. (4) Inhalation is much the commonest mode of infection in the tuberculosis of childhood, and especially in infancy. (5) The overcrowding of the poorer population in the large towns is probably responsible for much of the tuberculosis of childhood, and prophylaxis must be directed to the prevention of this overcrowding, the improvement of ventilation, and the inculcation of the extreme importance of fresh air during the earliest years of life."

SOUTHERN CALIFORNIA PRACTITIONER.

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

The Bubonic Plague.

The people of California are about ready to say, "A plague upon the bubonic plague!" While the medical men who have engineered the plague programme are scientific gentlemen, yet there is no doubt but they have been indiscreet in their action. During the last six months there has been, now and then, a dead Chinaman discovered in San Francisco, who is reported, upon bacteriological examination, to have died from that dread disease. The New York Herald sent Dr. George F. Shrady to San Francisco as its special representative, to make a scientific investigation. According to the Sanitarian for July, Dr. Shrady reported that he was present and participated in the autopsy

on one of these cases, and that he failed to see anything specially significant of plague in the gross appearances of the organs removed. Dr. Shrady also said, "I have come to the conclusion that this plague scare in San Francisco is absolutely unwarranted. I am thoroughly convinced that there really was no danger of the plague and that virtually it did not exist in this city."

On June 14, Henry T. Gage, Governor of California, sent a communication to Secretary Hay in reply to the latter's request for information regarding the alleged existence of bubonic plague in the Chinese quarter of San Francisco. Governor Gage, in replying to the same, said: "From the best light I have been able to pro-

cure, and from a most careful consideration of the whole subject, I am pleased to inform Your Excellency that I firmly believe no case of bubonic plague has at any time existed within the borders of our State." The government at Washington took the same view of the matter that Dr. Shrady and Governor Gage did, and this led some of our medical brethren to feel that it was an uncalled-for attack upon Dr. Kinyoun, who graduated from Bellevue in 1881, and is employed in the Marine Hospital Service.

Dr. Kinyoun sent some cultures to Surgeon-General Wyman at Washington, D. C., who reported, under date of June 30, that they were genuine bubonic plague.

There is nothing which gives as much general satisfaction as resolutions preceded by appropriate whereases, and the following, which were adopted at the last meeting of the Los Angeles County Medical Association, when there were twenty members present, form a very fair example. They were presented by Dr. W. W. Hitchcock, and seconded by Dr. Milbank Johnson:

"Whereas, the quarantine officer of San Francisco, Dr. J. J. Kinyoun, being considered by his colleagues a most competent officer in the marine service, and regarded throughout the country as an authority on bacteriology; and

"Whereas, the said Dr. Kinyoun, having faithfully and courageously discharged his duties to the best of his abilities, has been most unkindly and unreasonably dealt with by the Gov-

ernor, Federal authorities and newspapers, who are not competent judges of quarantine regulations, nor capable of passing upon bubonic plague nor other diseases which may come to the port of San Francisco; therefore, be it

"Resolved, that we, members of the Los Angeles Medical Association, who know Dr. Kinyoun's reputation and ability, and express our entire confidence in his judgment and ability, and are glad that we have so efficient, competent and courageous an official to guard the largest port of entry in California. Be it further

"Resolved, that the secretary of the Los Angeles County Medical Association forward a copy of these resolutions to Dr. J. J. Kinyoun, that he may be advised of the esteem and confidence in which his work is held by his colleagues in this part of the State.

"GEO. L. COLE, M. D.,

"President.

"D. S. MC CARTHY, M. D.,

"Secretary."

The following physicians were present: Drs. George L. Cole, D. S. McCarthy, Hitchcock, Church, Caven, Werner, Rendon, Miller, Follansbee, Visscher, Dodge, Shurtleff, John McCoy, King, Milbank Johnson, Hutchinson, Gordon, Dennis, Abbott, Lewis. Doctor Shrady said a place like San Francisco Chinatown could not exist if they had a New York Health Department.

The great demand in all such vile spots is sunlight and cleanliness. If, as Doctor Shrady says, the San Francisco Board of Health is inefficient, it should take on a new life and purify the heathen quarter.

L.

The Mountain Sanatorium.

The following is an extract from a letter that we have recently received from that noted expert, Dr. S. A. Knopf. The doctor is located at 16 West Ninety-fifth street, New York City, and in the course of his letter he says: "The news concerning the erection of a new sanatorium for the treatment of consumptives in Southern California I received with much satisfaction and pleasure. But perhaps you will permit one who is, as you know, deeply interested in the erection of sanatoria, to make a slight suggestion in regard to the name.

"You speak of a 'Sanitarium for tubercular diseases.' I do not approve of the name 'Sanitarium,' nor of the word 'tubercular.' I have given my reasons for preferring the name Sanatorium in various articles; also in the English edition of my book on Sanatoria and Tuberculosis (see foot note on page 200) but will gladly repeat my reasons here for your convenience.

"Contrary to the custom of many English-speaking people, especially in the United States, I call these establishments sanatoria, and not sanatoria. The former (sanatorium) from sanare, to heal, gives a better equivalent to the German "Heilanstalt," the word used by the originator of this system (Brehmer). Secondly, the word "sanitarium," from sanitas, health, is usually employed to designate a place considered simply as especially healthy—a favorite resort for convalescent patients.'

"The Marine Hospital Service has now adopted the word 'sanatorium' for its

Fort Stanton Institution for the treatment of consumptive sailors. Thus at least I was assured by Surgeon-General Wyman on my recent visit to Washington. The Canadians, too, have given preference to the name sanatorium.

"The expression 'tubercular' seems to me, while not exactly incorrect, not as definite and not so precisely referring to disease produced by Koch's tubercle bacillus as would the word 'tuberculous.' There are many diseases, particularly of the cutaneous system, which might be called tubercular, because of their external physical appearance of a tubercle. The word tubercular seems to be indiscriminately used in anatomy, dermatology, pathology and biology, to indicate the existence of a rounded prominence, small protuberance, granular bodies or other enlargements."

California Hospital Nurses.

On Wednesday evening, June 27, the second annual commencement exercises of the Training School for Nurses of the California Hospital took place at Blanchard Hall. The graduating class consisted of the following seventeen young women: Mary Brame, Louisville, Ky.; Josephine Boyer, Santa Barbara, Cal.; Sarah Boyer, Santa Barbara, Cal.; Ada Dakin, Pomona, Cal.; Eva Denham, Los Angeles, Cal.; Charlotte B. Heap, Pittsburgh, Penn.; Frances Higgins, Anaheim, Cal.; Jessie Lawton, Garden Grove, Cal.; Mary Mulholland, Independence, Cal.; Clarice McClintock, Los Angeles, Cal.; Mary McDonald, San Francisco, Cal.; Alice Quibell, Ontario, Cal.;

Grace Relyea, Sierra Madre, Cal.; Alma Sax, Pasadena, Cal.; Hattie Tolan, San Diego, Cal.; Stella Wilson, Los Angeles, Cal.; Margaret Newsom, Garden Grove, Cal.

As they sat upon the stage in their neat blue dresses with white aprons and caps, with scores of beautiful bouquets banked up in front of them, they presented a very attractive picture.

The exercises were opened with prayer by Rev. A. C. Smithers. Dr. Walter Lindley made a few remarks, in the course of which he stated that at the first commencement one year ago there were but four nurses in the graduating class, and that those nurses from the time of their graduation until the present have been steadily busy throughout the city in the work of their profession.

One year ago the California Hospital had just closed its first year's work and had in that twelve months contained 800 patients. During the twelve months just now closed, the hospital had treated 998 patients, making a total for the first two years of its existence of 1798 patients. Dr. Lindley also stated at the time of the commencement one year ago, Miss Sara E. Neill was superintendent of nurses, but last winter Miss Neill had taken unto herself a husband and gone to Cape Nome. The position of superintendent of nurses was then filled by the election to that position of Miss C. G. Patterson. Miss Patterson is a graduate of the Training School for Nurses of the Methodist Episcopal Hospital of Brooklyn, New York. After her three-years' course in that in-

stitution she went to the Training School for Nurses of the Johns Hopkins Hospital in Baltimore, and took a post-graduate course of three months there. She then went to the Sloan Maternity in New York and took a post-graduate course of three months there, after which she went to the Presbyterian Hospital in New York City and took a post-graduate course of three months there. She was then elected superintendent of nurses by her alma mater, and consequently went back to the Methodist Episcopal Hospital at Brooklyn, where she held her position for three years. Then, at the request of the United States government, she took forty nurses and went to Porto Rico, where she had charge of the nursing of the Government Hospital during the terrible siege of sickness that afflicted our American soldiers. After the sickness there had practically disappeared and the convalescents had been moved to the United States, Miss Patterson came to Los Angeles and now, as you know, holds the position as superintendent of nurses in the California Hospital, devoting her time to training these young women in this great field of usefulness. In what worthier work could a noble woman be engaged?

Dr. Lindley said that the management of the California Hospital hopes ere long to erect another building, which would be known as a home for the nurses of the California Hospital, where they would have their dormitories, reading room, library, music room, lecture room and everything to make their lives as home-like as possible. In addition to that, the physi-

cians connected with the California Hospital have also recently purchased 1000 acres of pine forest in the San Geronio Mountains, 100 miles east of Los Angeles, where they propose to erect a sanatorium for pulmonary cases. We cannot take that class of cases in our hospital here in the city, and the management feels that it is very important to provide some suitable place for those afflicted with those diseases. This mountain sanatorium will be ready for patients by the first of January.

Rev. J. S. Thomson then delivered the address of the evening. Dr. Thomson's address was an eloquent tribute to the new profession of nursing, showing how this most fitting profession for women had developed during the last quarter of a century. He said that here was a profession for which, even the most conservative had acknowledged, woman was peculiarly adapted. He also made a scathing attack on Christian Science, depicting its utter folly in graphic language. His address was punctuated by frequent applause and held the close attention of the audience for forty-five minutes.

Dr. Bicknell, the President of the Board of Directors, then delivered a brief address* and conferred the diplomas.

The exercises were interspersed with music by Miss Elizabeth Jordan, Mr. Arthur Marshall Perry, and Mr. Stevens. Mr. Perry's violin solo created great enthusiasm.

One of the pretty incidents of the evening was the presentation to the

class of 1900 of seventeen bouquets by the class of 1899.

At the close of the programme the nurses and a number of the physicians and their families repaired to the roof garden of the California Hospital, where refreshments were served. L.

A Dirty, Dangerous Habit.

It is a dirty habit to spit on the fingers or thumb and use them to turn pages of books. Any man who reflects for a minute on this subject will admit that it is unfair to expect his neighbor who handles a book after he does to run the risk of catching consumption or syphilis from the fact that the bacilli are dried on the pages and may be transferred to his own mouth, nose, eyes or ears, especially if he be dirty in his habits, also. Physicians, guard thy tongue and thy fingers.

C. G. S.

Angels of Mercy.

The fourth class to graduate from the Nurses' Training School of the County Hospital received their diplomas on June 19, 1900. Their names are Mary L. Vaughn, Los Angeles; Margaret C. Guenther, Los Angeles; Alice A. Wing, St. Albans, Me.; Eleanor K. Machin, Los Angeles; Estelle L. Marion, Anaheim, Cal.; Bell M. Andrews, Sumerville, Mass.; Martha A. Swingle, Long Beach, Cal.; Beckman, Gold Hill, Nev., and Rosa D. Pittman, San Gabriel, Cal.

Drs. W. W. Beckett, Wirsching and Joseph Kurtz made remarks touching on the qualities which insure success and the self-sacrifice necessary to the nurse's duty.

*Will appear in August issue Southern California Practitioner.

Discussion of Papers Read Before Southern California Medical So- ciety Meeting, May 2 and 3, 1900.

PAPER.

Dr. L. M. Powers: "Transmission of Typhoid Fever and Its Prevention."

DISCUSSION.

Dr. D. B. Van Slyck of Pasadena:

Stated that the paper was so exhaustive and accurate that he could express only complete accord with it in all respects.

Dr. H. G. Brainerd, Los Angeles:

I think that the subject has been very thoroughly covered in the paper. The two great points in the management of typhoid fever are its prevention and the care of convalescents.

Dr. L. D. Johnson, Whittier:

I believe that in the management of typhoid fever disinfection is very important. Chloride of lime, though efficient, has a disagreeable odor, and I have found that common whitewash will supply its place excellently.

Dr. Geo. L. Cole, Los Angeles:

First, prophylaxis is the important part of the treatment. I believe it is our bounden duty to try to enlighten the public how to keep from being sick. In the future I believe that societies for the prevention of disease will be formed, and that thereby a great deal will be accomplished for the public health.

Inasmuch as papers of this kind ought to be in the reach of the people at large, I think that steps ought to be taken for the publication in the daily press of this paper.

PAPER.

Dr. Le Moyne Wills: "Traumatic Strictures of the Deep Urethra."

Dr. J. De Barth Shorb: "Posterior Urethritis."

DISCUSSION.

Dr. George W. Lasher, Los Angeles:

First discussing Dr. Shorb's paper: I think the doctor's plan of treatment is a good one, for it embraces alike the mind of the patient and the sensitiveness of the urethra. The use of sounds accomplishes both of these results. This same fact is true of the use of nitrate of silver injections. It is evident in Dr. Shorb's case that infection was not present, there being but increased mucous secretions.

Dr. F. C. E. Mattison, Pasadena:

I should regard Dr. Shorb's case of urethritis as an exceedingly mild one. I performed a perineal operation several years ago for a case which, on account of the structure, had a urethral fistula with extravasation of urine in the penis and scrotum. In this case I left drainage in the bladder for eight days, and I am glad to hear other instances reported of so long drainage. In this case at first, after the recovery, I was able to use a 45 French sound, but later, on account of contraction, could only use a 30.

PAPER.

Dr. Jno. C. King, Banning: "Is the Course of Study in our Public Schools Detrimental to the Health of our Pupils?"

DISCUSSION.

Dr. Harvey Clark, Riverside:

I heartily agree with the doctor in

all that he said. By the present course of study many children are handicapped mentally rather than physically. They are required to learn far more than they can properly digest, and in after years the effect is seen in their work, as they become inefficient, doing nothing perfectly. Even the merchants in my own town complain bitterly of the students they employ in their stores, claiming that they are inefficient and that the book-keeping they have learned in the schools is absolutely useless; that they are also apt to be dilatory in their methods. Regarding the number of hours of study at home, it is really pitiful to see little children coming home from school with great bundles of books. They have no time to play, because they must get their lessons, and are sometimes required to do two and three hours' work.

Dr. F. R. Burnham, San Diego:

I know something about the course of study in our own schools, in San Diego, and can say that the course of study as mapped out is simply an outline, and does not signify the amount of work that is actually exacted of each student. I agree with the doctor that the children are doing too much, however, but a simple reading of the course of study mapped out does not reveal what the child is required to do in our schools, at least at San Diego.

Up to the sixth grade a child should not do one hour of studying out of school. Up to the ninth grade, children should not devote over one-half

hour to study. In the high school I would say that when the child did study it should be with all its energy, and they should be taught how to concentrate their minds while they do study, otherwise they form desultory habits that follow them through life.

Dr. Van Slyck, Pasadena:

I think this subject is a very important one and should demand our earnest attention. School reform, it seems to me, is one of the most important things we have before us today. The remark of Dr. Burnham that children are only half taught leads up to a remark I want to make, and that is, in my opinion, a proper, thorough school reform should begin at the top with the teachers, as many of them are only half prepared to teach and lack the foundation to make good teachers. A great many go through the grammar schools and then, after a course at the normal school, think they are thoroughly qualified to teach, which is not true. And this is emphasized by a comparison between our schools and the schools of Europe—France and Germany especially, where we find that pupils are prepared for college two or three years earlier than in this country, and I think that is due largely to the better qualifications of the teachers. I think a teacher should not undertake high school work unless he is a college graduate. Cramming for examinations is an evil, and while, of course, we must have some standard, nevertheless I think it works a great deal of harm.

Dr. Brown, Wildomar:

There is one point not brought out in this discussion which I think is of equal importance. It is true that teachers are not employed by the most intelligent men in the community, as our school boards are not composed, as a general thing, of such men, and until we have some reform in that respect we cannot expect to get good teachers, and especially is that true of rural districts.

Dr. Brainerd, Los Angeles:

It seems to me the discussion has gone entirely from the subject, "Is the course of study in our schools detrimental to the health or mind of the children?" With three or four years of teaching and watching my own children, I most emphatically say, "No; not for the average child." Individual cases should come to the physician.

Dr. King, Banning:

I would like, is possible, to have this paper published. A year or two ago, the Riverside Medical Society held a meeting devoted exclusively to school hygiene. At that meeting we invited the teachers in the county to be present, and a large number accepted the invitation, and while the meeting was not all that could be desired, at the same time a great deal was accomplished, and a great many teachers in the county have come to me since then with the statement that they were very much impressed by that meeting, and by the stimulus they received for thought and study. It seems to me if the teachers were

brought more into sympathy with us, a great deal could be accomplished.

PAPER.

Dr. Geo. J. Lund, Los Angeles:
"Ptosis, and Report of Two Cases Corrected by Wolff's Operation."

DISCUSSION.

Dr. W. S. Fowler, Ventura:

I think the doctor is to be congratulated upon the success attained in these cases, as the operations for the correction of ptosis are notoriously unsuccessful. It seems to me that by this method the correlations would be exact and accurate, and the amount of change carefully gauged.

Dr. R. W. Miller, Los Angeles:

Whatever operation is performed with fair results, we must regard it as a satisfactory procedure. If the extensor tendon is too long, we resect, and whenever indicated it is certainly a good operation. I expect in these cases that the results of the operation will be permanent.

I would like to ask Dr. Lund how long a time has elapsed since the operation?

Dr. Lund:

This cure has lasted a year.

Dr. Fred Baker, San Diego:

These cases are satisfactory, any way, and if any operations promises good results, it ought to receive consideration. I believe that the operation for ptosis has in the past been frequently performed when it was not indicated. I remember an expedient resorted to by a man who was not particular as to the cosmetic appear-

ance, who passed a silver wire through the lid and fastened it by means of a rubber band, and adhesive traps to the forehead.

PAPER.

Dr. F. C. Shurtleff, Los Angeles:
"Fractures of the Neck of the Femur."

DISCUSSION.

Dr. W. W. Beckett, Los Angeles:

The doctor's paper leaves very little to be said upon the subject. I would only emphasize the necessity of allowing aged and infirm people to as soon as possible, with an appropriate apparatus, get up and go around. I think that the strength gained to be of much greater importance than what possible advantage they could gain from being kept in a recumbent posture. One case reported by a doctor had been seen by an eclectic, a magnetic healer, a Christian Scientist and an osteopath, and diagnosed by the latter as a sprained knee, on account of the pain felt in that joint. The osteopath advised them to send for a surgeon—about the only good thing I ever knew an osteopath to do. The case also demonstrated the fallacy of depending upon the locality of the pain as indicating the position of the lesions.

Dr. F. C. E. Mattison, Pasadena:

The results in these cases are seldom satisfactory. The patient should be put in bed and the limb kept in extension by a weight sufficiently great to relieve the pain, and that result should be the criterion for the amount of weight to use. The average, perhaps, is eight to ten pounds. The pain

at the knee is misleading to anyone but a surgeon who knows that it is a reflex phenomenon.

Dr. C. W. Murphy:

The amount of weight employed in extension is dependent entirely upon the muscularity of the individual, which it should be sufficient to overcome.

Dr. F. Gundrum, Riverside:

Ten pounds is usually as heavy a weight as the patient will tolerate. In elderly patients I prefer the ambulatory treatment.

Dr. Shurtleff:

Dr. Murphy is correct when he says that the amount of weight is determined by the muscularity of the patient; for the pain is relieved only when the limb is in full extension. One of the cases when the weight was diminished begged that the weight should be increased, as only then did he feel comfortable.

PAPER.

Dr. Rendon: "Comparison between Pan and Supra-Vaginal Hysterectomy."

DISCUSSION.

Dr. H. B. Stehman:

Vaginal hysterectomy should be the operation chosen if the tumor is of such a nature as can be removed by that route. It is an easier operation and there is less shock to the patient. The advantage to the patient of hysterectomy performed through the vagina is, there is no necessity of breaking up adhesions and thus avoiding the danger of doing violence to the intestines. Then again, the tubes very frequently contain pus. Frequently the pus is sterile, to be sure, but if the material can be drained through

the vagina, a great deal will be gained. At any rate, we ought to expect less shock, as the operation is easier, and especially so if the ligation and forcep operation is employed. Very frequently the ligation and clamp operation is combined, the ligature being used posteriorly and lower, and the clamp anteriorly and above. There is also a much less loss of blood, and less apt to be disturbance of the bowels. All these are distinct elements of account to the patient.

Dr. W. W. Hitchcock, Los Angeles:

The fact that in vaginal hysterectomy there is less colic is probably due to the lack of manipulation of the bowels. I have no doubt but that the colic following abdominal hysterectomy is largely due to the mechanical irritation, from the necessary manipulation they must undergo during the operation.

Dr. Idris B. Gregory, Ontario:

I think this point is well taken, that the patient should be well prepared before the operation. I think that the country practitioner should make a note of that fact, and before sending the patient in town for operation, should ascertain the condition of the urine and prepare the patient beforehand by proper medication and management.

Dr. Fred C. Shurtleff, Los Angeles:

I regard the after management of the patient as very important. I have in mind now a case which became infected by a nurse who had been waiting upon a case with erysipelas, and without my knowledge was assigned to the management of my case.

The physician should make it his

business to look after the patient until he is entirely out of danger.

Editorial Notes.

Dr. Samuel G. Gant, recently elected professor of rectal and anal surgery in the post-graduate medical school and hospital, has removed from Kansas City, Mo., to No. 58 West Fifty-sixth street, New York City.

Wanted—Salesman for physicians' supplies and to call on druggists for old established line. Good salary to hustler. C. H. HOWE & CO., Manufacturing Chemists, Denver, Colo.

Pasadena Medical Society.

Through the kindness of Miss Stickney, the founder of the Shakespeare Memorial building, the Pasadena Medical Society will hereafter meet in the club-room, which is admirably adapted for the purpose. This was the first meeting and the attendance was quite large for a summer meeting. The committee appointed to work against the Gallinger bill in Congress, reported.

Doings of Ventura County Doctors.

Dr. Comstock, is camping at Wawona, Mariposa county, among the Big Trees.

Dr. Bard, is enthusiastic over the invention by him of an aseptic wash basin.

Dr. J. P. Hinckley of Fillmore, was in Los Angeles recently.

Dr. Huning of Ventura, has been appointed examiner for the order of United Moderns.

Dr. Saeger of Nordhoff, will become a benedict soon, it is whispered.

Dr. Goodhue of Piru, has received a very flattering government appointment at the Hawaiian Islands.

Personal.

Dr. G. T. Greenleaf of Redlands, is registered at the Hollenbeck.

Dr. Wainwright, physician to the Indian School at Perris, is visiting in Los Angeles.

Dr. Gayle G. Mosely of Riverside, is visiting in Los Angeles. He is registered at the Van Nuys.

Dr. Davis of Parke, Davis and Company, Detroit, Mich., was a recent pleasant visitor to our editorial sanctum.

Dr. E. A. Hanna of Azusa, spent a few hours in Los Angeles on Monday, July 3.

Dr. C. L. Caven of Los Angeles, has been out of town for a well-earned rest.

Dr. Norman Bridge has returned from the East.

On Sunday, June 17, 1900, at the residence of the bride's parents at Redlands, Cal., Miss Clara Benson and Dr. Arthur V. Stoughton were married. They will make their home in Afton, Wyoming.

Mr. W. S. Cross, representing Smith, Kline & French Co.'s Eskay's food, was in the city on business recently.

Pure Water a Boon.

A pleasure to the eye of the beholder and a boon to the palate of the consumer are the sparkling, crystal-pure products of the Ice and Cold

Storage Company of Los Angeles. Their plant is a model of neatness and every precaution is taken to insure the quality of the Puritas beverages. The water first comes from deep wells, is double distilled and reboiled before bottling. This process gives an absolutely germ-free water, suitable for drinking and surgical purposes.

On the occasion of my recent visit to the plant I was struck by the cleanliness everywhere.

As a medicinal water, the Lithia made by this company, containing 35 grains of Lithia per gallon, is in contradistinction to ordinary spring Lithia waters, always uniform and free from germs, vegetable or noxious matter.

Finally, the sterilization of containers and corks insures absolutely pure water.

C. G. S.

Testing the Taste Sense.

Prepare the following solutions:

No. 1—Bitter. Quinine sulphate, a quarter of a grain to an ounce of distilled water (about 0.05 per cent).

No. 2—Sweet. Saccharin, one-tenth of a grain to an ounce of distilled water (about 0.02 per cent).

No. 3—Sour. Phosphoric acid (pure), three minims to an ounce of distilled water (about 0.66 per cent).

No. 4—Salty. Sodium chloride, five grains to an ounce of distilled water (about 1 per cent).

When a patient is to be examined, use these solutions, placing a drop or two on the tongue of the patient with a glass rod, and recording his answers. Test separately each side of the tongue, the tip, middle and base, washing the mouth out after each time with pure water. These tests give valuable aid in the diagnosis of various palsies affecting the motor and sensory nerves of the tongue.

C. G. S.

New Licentiatees.

Office Board of Examiners,
Medical Society State of California,
1104 Van Ness Ave., San Francisco.

At a meeting held June 5th, 1900, the following certificates were granted:

5561. Bates, Roxie Helenan, Covina, Med. Dept. Univ. of Michigan, June 30, 1887.
5562. Bello, Joseph, San Francisco, University of Naples, Italy, March 1, 1879.
5563. Benham, Robert B., Los Angeles, Jefferson Medical College, Pa., March 11, 1876.
5564. Bernard, Joseph H., San Francisco, Cooper Medical College, Cal., July 22, 1899.
5565. Calder, Daniel H., Brattleboro, Vt., Med. Dept. Univ. of Vermont, July 8, 1895.
5566. Carter, Marion D., Gardena, Missouri Medical College, Mo., March 2, 1882.
5567. Chamberlain, Frank C., Colorado, Gross Medical College, Denver, Colo., April 8, 1892.
5568. Cruickshank, Brooklyn, N. Y. Long Island Medical Col. Hosp., N. Y., May 16, 1899.
5569. Davis, Magnet J., Nome, Alaska, Cincinnati Col. Med. and Surg., Ohio, April 2, 1896.
5570. Deckelman, Carlotta R., Pacific Grove, Med. Dept. Univ. of California, May 15, 1900.
5571. Dennis, Adolph J., Barstow, Kansas City Med. Col., Mo., March 15, 1900.
5572. Gale, John A., Valley Wells, Indiana Med. Col., Ind., February 26, 1875.
5573. Haldeman, Frederick D., Ord, Nebraska, Omaha Med. Col., Neb., March 22, 1882.
5574. Hanna, Edward A., Azusa, Chicago Med. Col., Ill., March 23, 1886.
5575. Hazen, Edward Hamlin, Los Angeles, Charity Hosp. Med. Col., Cleveland, O., February 22, 1866.
5576. Hermida, Joaquin A., San Francisco, Med. Dept. Univ. of City of New York, March 6, 1886.
5577. Hodghead, John Samuel, Laytonville, St. Louis Col. Phys. and Surg., Mo., April 26, 1899.
5578. Holmes, Truman Huff, Hillsboro, Medical College of Ohio, March 7, 1889.
5579. Klotz, Bernard J., San Francisco, Med. Dept. Univ. of California, May 15, 1900.
5580. Lacy, Jasper Newton, Badger, University Medical College, Mo., March 22, 1900.
5581. McArthur, Peter R., Los Angeles, University of Toronto, Ontario, Canada, June 9, 1899.
5582. McIntosh, San Francisco, Med. Dept. Univ. of California, May 15, 1900.
5583. Mitchell, John P., Santa Cruz, Jefferson Medical College, Pa., March 9, 1858.
5584. Murietta, Alfred John, Los Angeles, Col. of Med. Univ. Southern California, June 16, 1899.
5585. Niekirk, J. William, Idaho, Col. Phys. and Surg., Chicago, Ill., March 25, 1890.
5586. Opsvig, Peter, San Francisco, Med. Dept. Univ. of California, May 15, 1900.
5587. Osburn, Albert, Tacoma, Wash., Col. Phys. and Surg., Keokuk, Iowa, March 2, 1880.
5588. Osburn, Eva St. Clair, Tacoma, Wash., Col. Phys. and Surg., Keokuk, Iowa, March 2, 1886.
5589. Palmer, Humphrey P., Benicia, Med. Dept. Univ. of Buffalo, N. Y., March 24, 1891.
5590. Parsons, A. W., Mexico, Med. Dept. Harvard Univ., Mass., June 30, 1880.
5591. Raymond, J. H., San Francisco, Rush Medical College, Ill., March 28, 1893.
5592. Robertson, Ira Bascom, Taylor, Med. Dept. Univ. Louisville, Ky., February 28, 1890.
5593. Russ, William Booth, Philadelphia, Med. Dept. Univ. of Pennsylvania, Pa., June 8, 1898.
5594. Saph, Louis Victor, San Francisco, Med. Dept. Univ. of California, May 16, 1900.
5595. Shields, Lawrence, Mexico, Medical College of Ohio, April 4, 1895.
5596. Shultz, Nellie L. Morse, San Francisco, Cooper Medical College, Cal., August 22, 1899.
5597. Thompson, A. L. Rosenthal, Traverse City, Mich., Med. Dept. Univ. of Michigan, June 26, 1884.
5598. Wagner, Edward R., San Jose, Med. Dept. Univ. of Michigan, June 30, 1887.
5599. Watts, Herbert C., San Francisco, Med. Dept. Univ. of California, May 15, 1900.
5600. White, Belle J. Platt, Springfield, Mass., Woman's Med. Col. Baltimore, Md., May 1, 1893.

CHAS. C. WADSWORTH, M.D.,
Secretary.

BOOK REVIEWS

We have just received from the publication committee, the transactions of the Medical Society of the State of California of the thirtieth annual session, which was held in San Francisco in April, 1900. The work has, as its frontispiece, the smiling picture of that good soul and talented surgeon, Dr. George Chismore. The book is everything it should be for the purpose for which it was intended.

PROGRESSIVE MEDICINE.—Volume 11, 1900.

A quarterly digest of advances, discoveries and improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and *Materia Medica* in Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 401 pages, with 81 engravings. Lea Brothers & Co., Philadelphia and New York. Issued quarterly. Price, \$10.00 per year.

The present volume, covering "Surgery of the Abdomen, Including Hernia," by William B. Coley, M. D.; "Gynecology," by John G. Clark, M. D.; "Diseases of the Blood, Diathetic and Metabolic Diseases—Diseases of the Glandular and Lymphatic System," by Alfred Stengel, M. D., and "Ophthalmology," by Edward Jackson, M. D., is quite up to the standard of this most excellent work.

Under "Surgery of the Abdomen," Dr. Coley devotes considerable space to diagnosis of abdominal tumors, and detection of abdominal calculi by the X-ray.

Under "Gynecology," Dr. Clark begins his section by an article on "The Use and Abuse of Normal Salt Solution," which contains many practical points, and is of much interest at the present time, when normal salt solution is being used for such multitudinous purposes.

The chapter on "The Blood," by Dr. Alfred Stengel, is an exceedingly useful one, placing the subject before the practitioner in a clear and practical manner.

This book, like the former volume, is well indexed, thus adding to its usefulness.

NORMAL HISTOLOGY.—By Edward K. Dunham, M.D., Professor of General Pathology, Bacteriology, and Hygiene, in the University and Bellevue Hospital Medical College, New York. New (2nd) edition. In one very handsome octavo volume of 319 pages, with 244 illustrations. Cloth, \$2.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The present edition of this work, instead of appearing in one volume, appears in two, the present one, "Normal Histology," soon to be followed by its companion, "Pathological Histology." This would seem to be an advantage to students and no disadvantage to the practitioner. The original work however, comprising both subjects in one volume, will continue to be published for those who may desire it. The value of the book is greatly enhanced by the beauty of the illustrations and the clearness of the descriptions accompanying them. The author has the happy faculty of expressing himself very clearly in the text.

ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE.—By Charles E. de M. Sajous M. D. and one hundred associate editors assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Volume V. The F. A. Davis Company Publishers. Philadelphia. New York, Chicago.

An exhaustive review of the present volume of this most admirable work would require much more space than can properly be accorded here. However, there are some chapters which are of so much interest that it is impossible to pass them without a few words of commendation.

The article on "Nursing and Artificial Feeding," by Drs. Holt and La Fetra, is one which contains so much good, common sense that a thorough

study of it, especially at the season when mortality among infants is the greatest, would be of great use to practitioners in general. It covers the ground concisely and practically, giving in small print, as is done throughout the work important literature of '96-'97-'98. It includes "Nursing Rules for Healthy Infants," "Signs of Successful Nursing," "Signs of Unsuccessful Nursing," "Means of Improving Breast Milk When Nurslings are Not Thriving," "Wet Nursing" and "Weaning and Mixed Feeding," after which is taken up "Artificial or Substitute Feeding." Under the latter, of course, is included sterilization and Pasteurization, subjects which, while expected to be familiar to all medical men, are, nevertheless, often imperfectly understood.

The subject of "Abnormal Parturition," by Drs. Grandin and Marx, is one containing so much practical knowledge, from which has been sifted that which is old and well known, that it also is especially interesting.

It would seem that the writers have succeeded in accomplishing what they hoped to do namely, "to give the newer aspects of these questions and the tendency of progressive thought," rather than repeating what is found in the text of other books.

"The Bubonic Plague" receives due space. The chapter on "Pleurisy and Catarrhal Pneumonia," the former by McPhedran of Toronto, the latter by Dr. Solomon Solis-Cohen of Philadelphia, as well as the article on "Lobar Pneumonia," by Dr. Ashton of Philadelphia, are also worthy of notice.

The chapter on "Disorders of Pregnancy," by Currier of New York, is also a very commendable one.

A MANUAL OF OBSTETRICAL TECHNIQUE, as applied to private practice, with a chapter on Abortion, Premature Labor, and Curettage. By Joseph Brown Cooke, M. D., New York, late attending physician St. Mary's Free Hospital for children, out-

door department; late attending physician Northwestern Dispensary, department of diseases of children, etc. Philadelphia and London. J. B. Lippincott Co. 1900.

This volume is one of the particular value for the general practitioner and for the nurse. To the latter in general practice, we would especially commend this book as a wise and safe guide.

A TREATISE ON APPENDICITIS.—By John B. Deaver, M. D., Surgeon-in-Chief to the German Hospital, Philadelphia. Second edition. Thoroughly revised and considerably enlarged. Illustrated with 22 full-page plates. Octavo, \$3.50, net. P. Blakiston's Sons & Co., Philadelphia.

While the first edition of the author's treatise on this subject was received with approval by the profession, yet the developments, particularly in the pathology of appendicitis, have been so great that this second edition is practically a new work, and Dr. Deaver has demonstrated that he is not standing still, but is in the van of scientific progress. The pathology of inflammation of the vermiform appendix is fully discussed under the following heads:

First—The Lesions of the Appendix.

Second—The Peritonitis and its Consequences.

Third—The Bacteriology.

Fourth—The Pathogenesis.

The author classifies acute appendicitis as follows:

ACUTE APPENDICITIS.

1. Catarrhal.
 - (a) Simple.
 - (b) Purulent.
 - (c) Hemorrhagic.
2. Interstitial.
3. Ulcerative.
 - (a) Nonperforative.
 - (b) Perforative.
4. Gangrenous.

CHRONIC APPENDICITIS.

1. Catarrhal.
2. Interstitial.
3. Obliterating.

OUR ADVERTISERS.

BRISTLES IN THE THROAT.

"Cheap tooth brushes are responsible for many obscure ailments of the throat and stomach," said a surgeon a few days ago. "The bristles are not properly fastened on, and come out in dozens when wet and brought in contact with the teeth. I performed an operation on a patient some time ago who had a regular crop of bristles in her throat. You can imagine how unpleasant it must be to have a single bristle in the glottis. You cough until you are exhausted, but nothing moves it."

There is one firm which guarantees every brush which leaves their factory. This is the firm of G. B. Kent & Sons of London, Eng., who have been manufacturers of brushware for over one hundred years. They make the celebrated "Best British Brushes," which are as perfect as it is possible to make them. Every brush is guaranteed, and should any brush, from some unforeseen circumstance, prove in any way defective, it will be at once replaced by a new one. These brushes are obtainable from leading druggists, or from the American agents, McKesson & Robbins, New York.

A SINUS OF THE KIDNEY.

By T. J. Biggs, M. D., Stamford, Conn.

Edward C——, age 36; American; admitted March 21st, 1900. Diagnosis: A sinus in back on right side, leading down to the pelvis of right kidney. This condition was the result of an operation performed three years before at Bellevue Hospital for the removal of the supra-renal capsule. After the patient had been discharged from Bellevue, he started about his work, but had to give it up at the end of six months, complaining of great pain over the affected side. Being a resident of Boston at that time,

he entered the wards of the Massachusetts General Hospital, and was there operated upon for closure of the sinus. The operation was without result. He underwent a second operation, which was also a failure. A third operation was performed, and this also resulted unfavorably. He says he was discharged, the surgeons there telling him that unless he had the kidney removed nothing more could be done for him.

On March 22d I made a careful examination, and found the sinus leading directly down in almost a straight line to the pelvis of the kidney, and that it was kept in a highly irritated condition by the constant escape of urine. I advised operation, but this he stubbornly refused; therefore, without any definite promise, I started in to accomplish the best result possible by other means. I first began by sterilizing the kidney by the internal administration of a half gram of urotropin dissolved in water and given three times daily. Coincident with the beginning of this, I irritated the walls of the sinus with a small dermal curette, and packed it with sterilized gauze soaked in bovine pure. This packing was changed every three hours.

On April 1st, the sinus had begun to heal from the bottom. Packing still continued.

On April 6th the bottom of the sinus had healed, so that no urine escaped. Bovine packing was continued, great care being taken not to break down the new forming tissue at the bottom of the sinus. The patient was also, from the beginning of the treatment, put on a wineglassful of bovine internally every three hours, in lime water.

April 10th the sinus had healed for half its length, and the rest of the

OUR ADVERTISERS.

cavity was in a sweet, healthy condition. Packings of bovine continued.

On April 14th the packings were discontinued and bovine pure dropped into the sinus, and a wet bovine pack was applied, and retained by means of a roller bandage. This was changed three times in twenty-four hours.

April 29th the patient was discharged cured, the sinus having completely healed and the general condition greatly improved, he having gained eight pounds.

TREATMENT OF CANCEROUS CACHEXIA.

Lawrence (The Medical Brief, April, 1900), gives as the best treatment for cancer and the cachexia attending it, teaspoonful doses of Ecthol four times daily in conjunction with alterative doses of iodide of arsenic. The latter should be administered in doses ranging from one-sixtieth to one-thirtieth of a grain three times a day and continued for a long period. Ecthol contains the active principle of thuja, which is accorded specific value in cancer. The treatment outlined is aimed to cause absorption of the cancerous tissues.—Medical News.

THE EFFECT OF CODEINE.

The Medical Record (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler in the Journal A. M. A. (Dec. 2, 1899): In epidemic bronchitis codeine is a valuable remedy for the relief of the harassing pain of the cough, and when combined with one of the coal-tar antipyretics the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives and one of special value in

bronchial affections, is that the patients not only cough less, but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia and codeine tablets) meets with well-merited sanction.

"Why I use Pepto-Mangan Gude."

Wm. Krauss, Ph. G., M. D., of Memphis, Tenn., says: "At a recent joint meeting of physicians and pharmacists I was criticised for opposing the use of ready-made compounds, while still advocating the use of Pepto-Mangan. I dislike to build up a reputation as an endorser, and have never in any other instance written an article endorsing a proprietary preparation. There is no pharmacopoeial preparation that meets the requirements of an ideal iron compound, and, until this is found, I intend to continue to use what has never disappointed me, and is not based upon mere faith.

An ingenious theory recently put forward regarding the action of the mineral salts of iron is, that they decompose the substances in the intestinal tract which precipitate the food iron so that it may be absorbed. This is the only rational explanation of the fact that we occasionally get results from them. It is far more rational to use an iron compound that can be, and is, absorbed, instead of blundering along giving more iron at a dose than is contained in the entire body, and incidentally deranging the digestive functions by precipitating the gastric, pancreatic and intestinal

juices, and producing constipation by reason of the very astringent nature of some of the iron salts.

Beginning with the organic double salts, of which the scale salts are representatives, we notice upon the addition of this gastric juice that a precipitate is formed; the double salt is decomposed and ferric salt remains, which is insoluble, both in gastric and intestinal juice.

The tincture of ferric chlorid will precipitate some of the gastric constituents, though most of the iron will remain in solution in the hydrochloric acid; the iron still in solution will not be absorbed, because its non-diffusibility is taken advantage of in the manufacture of dialysed iron, the acid passing through the animal membrane; When the iron finally reaches the intestine, the alkaline carbonates promptly precipitate it. In both instances, as you see, the very insoluble ferric oxid is finally formed.

The insoluble compounds, like reduced iron, or Vallet's mass, only serve to render inert the arsenic with which they are usually prescribed; if dissolved at all in the stomach, they are reprecipitated in the intestine.

Taking now Gude's preparation, we find it soluble not only in all these reagents but also in a mixture of them. Potassium ferrocyanide readily gives the iron reaction, excess of ammonia will separate it, redissolving the manganese, which is then recognized by the color of its sulphid; the alkaline copper solution gives the reaction for pepton, showing that it is what the label says. It mixes with arsenious acid, forming a perfect solution, thus giving us a most useful hematopoietic agent. The soluble alkaloids are perfectly soluble in it, as is also mercuric chloride. Being a pepton, it is readily diffusible by osmosis.

The only disturbing agent in the intestinal tract is hydrogen sulphid;

this will precipitate it, but presumably much of the iron must have been absorbed before it encounters this gas. If not, appropriate agents should be used for its elimination.

Therapeutically, it does not nauseate, constipate, discolor the teeth, precipitate the digestive agents, nor become inert from contact with them. As to the clinical results, I need not add anything to the many reports already on record.

PETROLEUM IN THE TREATMENT OF INFANTILE DIARRHEA.

W. E. Fothergill in conducting his clinical researches (*Medical Chronicle*, Manchester, Eng., April, 1900), during the summer of 1899, administered petroleum in thirty-four cases of infantile diarrhea. "The preparation was an emulsion containing 33 1-3 per cent. of petroleum and the doses varied from 3ss thrice daily to 3i every four hours; the usual dose for a child a year old was 3i of the emulsion (m 20 of petroleum) thrice daily. In two cases salol was substituted at the end of week. One child died; in the remaining cases recovery was rapid and complete. There was no derangement of the stomach, vomiting ceased almost before the diarrhea was checked, and the stools soon recovered their normal color and consistency. The emulsion seemed also to favor recovery from the accompanying bronchial catarrh. It is said that the whole quantity of petroleum ingested may be recovered from the feces. Clinical observation shows, however, that petroleum has an influence on mucous membranes other than that of the alimentary canal. Its action in cases of bronchial and vesical catarrh can be explained only by supposing that after absorption from the intestines petroleum is excreted by various organs. These experiments seem to prove that infantile diarrhea can be treated successfully without the use of opium or astringents.

OUR ADVERTISERS.

Angier's Petroleum Emulsion has been prescribed by the medical profession of the United States as well as of England for many years for just this class of troubles and the foregoing results have often been verified in the hospitals of this country and by leading practitioners.

Angier's Petroleum Emulsion contains 33 1-3 of purified crude petroleum, 9 grains of the combined salts of lime and soda, with glycerine and emulsifying agents and was probably the emulsion used by Dr. Fothergill. It is particularly adapted to the treatment of infantile troubles. It does not in any way disturb or irritate the stomach, but on the contrary, benefits them in every way, and children always like to take it. The emulsion may be prescribed to be taken in a little milk, or water, which eliminates all taste of the medicine.

HE PROBABLY REFERRED TO ES-KAY'S ALBUMINIZED FOOD.

"In preparing cow's milk as an artificial food for an infant, milk sugar can be added and the amount of proteids reduced. Sometimes this reduction of the proteids lessens the strength of infants fed on the mixture, and experience shows that soluble albumen, such as the white of egg, can be added to milk after dilution.

"It is possible that there are differences in the digestion of egg-albumen and lact-albumen, but there are few data. Egg-albumen is a suitable diluent for cow's milk and is useful to bring the proteid percentage up to the standard."—Dr. E. H. Bartley, Brooklyn Medical Journal.

CONTAINS NO OPIUM, MORPHINE, OR CHLORAL.

Deering J. Roberts, M. D., editor
Southern Practitioner, Nashville,

Tenn., states (original paper "Nervous Diseases and Treatment"): "Neurosine (Dios) containing no opium, morphia, cocaine or chloral makes it much more commendable, as we all know the dangers resulting from the use of such hypnotics and narcotics, and the general unsuitability of drugs of this class in the treatment of all nervous diseases. I have found Neurosine (Dios) so uniformly satisfactory that I but deem it my duty to let others know the benefit I have derived from its use."

OPIUM USURPED.

From the Antikamia Chemical Company, St. Louis, U. S. A., have been received two samples of its products—Antikamnia tablets, and tablets of this substance along with Codeina. Antikamnia, as its name implies, is an analgesic and anodyne. It has gained much favor in the United States, both for this and its antipyretic action. A coal-tar preparation from several of the "amido" derivatives, it has been proven not to depress the heart after the manner of other coal-tar derivatives. Each tablet of antikamnia contains 5 grs. of the drug (the usual dose), which can be repeated every 15 or 20 minutes, until three or four doses have been taken. The compound tablet consists of 4.75 grs. of Antikamnia and 0.25 grain of Codeina, and has been especially brought forward for the treatment of pain where spasm or physical causes of irritation exist, and which is more amenable than to the synthetic drug alone. Both the simple and compound tablets merit a trial in neuralgia and spasmodic ailments and as their freedom from injurious action upon the heart and circulation is invariable, they will certainly continue to be received by the profession with favor.—Edinburgh Medical Journal. Mch., 1900.

SOUTHERN CALIFORNIA PRACTITIONER

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No. 8

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MENINGITIS.*

BY H. G. BRAINERD, M. D., LOS ANGELES, CAL.

The fact that this southland is the Mecca of so many people of tuberculous tendencies, as well as those actually tuberculous, makes the tubercular form of meningitis a very common one amongst the children in this portion of the State.

Two years ago an epidemic of cerebro-spinal meningitis prevailed more or less extensively throughout this end of the State, very erratic in its course of invasion, skipping from the Needles to San Bernardino, thence to Azusa, thence to Los Angeles, but so far as I could learn, entirely leaving out Redlands, Riverside, Santa Ana, San Diego, Pasadena, Pomona and Ontario. That epidemic has left to us a legacy of not infrequent sporadic cases from the same cause. Since the subsidence of the epidemic two years ago about this time I have seen half a dozen cases, which are undoubt-

edly of this type, and it is probable that in other localities it will be the cause of more or less cases for some years to come before it dies out. It is generally accepted now by pathologists that the cause of this variety of meningitis is the "diplococcus intracellularis." In traumatic meningitis the infecting agent seems to be the streptococcus or the staphylococcus.

A very eminent observer has said that there is no proof of the recovery from any form of meningitis except that of the epidemic. An equally eminent pathologist about the same time took for the text of an article which he was writing "Healed Tubercle of the Meninges." Today there is a growing opinion among those competent to judge that the tubercular process in the meninges may be checked as it not infrequently is in other localities.

*Read before the Southern California Medical Society, May 3, 1900.

Recoveries are certainly rare in any form of meningitis, and some of the cases that live through an attack are left so crippled physically or mentally that death would have been preferable.

A great variety of treatment has been suggested, but as yet nothing has gained great favor beyond the routine treatment of sedatives to allay pain and restlessness and iodides to promote absorption of the effusion. Under this line of treatment I have seen two or more cases recover, and a recovery in one case when in addition to the treatment mentioned, iodoform ointment (one dram to the ounce) was rubbed daily into the scalp and back. The "unguentum crede" made of a soluble silver salt has been favorably reported by a number of observers. Its well-proven bactericidal qualities have led me to make use of it in a number of cases. It was used in three cases of the epidemic variety, one to four drams daily being rubbed into the scalp and back of the patient with no decided result in any of them except the rapid lowering of the temperature following the inunction. In one case, that of a boy of seven years, rubbing in of the ointment would usually cause a fall in temperature of three to four degrees within an hour. The case, however, went on to an unfortunate termination, death resulting somewhat abruptly on the sixth day, when the child seemed to be improving.

I have also used it in the same manner in three cases of meningitis which were probably tuberculous; two of them were fully developed cases when its use was begun, and no favorable influence was produced by its use. The other case was as follows:

April 8, 1899, I was called to see M. G., a large girl of nine years. Had never had any serious illness. Father looks consumptive, and mother's parents and her six brothers and sisters

died of tuberculosis. Mother an invalid by reason of some pelvic trouble. The child had been running down for a month complaining of loss of appetite, constant headache, frequent attacks of giddiness and says she sees double by spells. Her parents say she sleeps poorly, is very restless, frequently cries out in her sleep, and often vomits on getting out of bed in the morning; that she has grown very peevish and irritable, showing such violence toward the younger children that they are afraid to trust her alone with them, an entire change from her usually gentle and kind disposition. I found on examination tenderness over skull on percussion, exaggerated reflexes, twitching of muscles of face, legs and arms at times. She was rather constipated, urine about two pints, acid, sp. gr. 1.016, no albumen, no sugar, a daily record of her temperature showed a range from 97 degrees in the morning to 102 1-2 degrees in the evening. I sent her to Dr. W. W. Murphy for examination of her eyes, who reported to me without having any knowledge of my opinion of the case that he was sorry to note that in both eyes there were undoubtedly tuberculous deposits in the choroid. The girl was placed at once upon unguentum crede by rubbing in from one to two drams daily into the scalp and over the spinal column. In addition to this was given tonic treatment of various sorts and nutritious diet. After about a month of this treatment there was some apparent improvement, the temperature uniformly subsiding after the inunction, and gradually the maximum daily rise diminished.

By the first of June there was very little rise in temperature in the afternoon, the morning vomiting and the attacks of giddiness and diplopia had entirely disappeared, and the child was beginning to gain in weight. After that I did not see her again un-

till about the first of December. I found that the treatment had been continued up to about the first of October, since which date it had been discontinued, as the girl had a good appetite and had been very much less nervous, as the parents expressed it, had been rapidly gaining in weight, and had nearly reached ninety pounds. I made careful examination of the fundi oculi, and could find no trace of anything abnormal about the retinal vessels, and I again requested the parents to take her to the same oculist who had examined her the previous April, which they did promptly. He reported to me that he could find no trace of the former evidence of tuberculous deposits.

As we did not resort to the lumbar puncture to determine the character

of the cerebro-spinal fluid, nor did we resort to the tuberculin test, we of course have no absolute proof of the source of trouble in this child's case, but I have no reasonable doubt that she had meningitis. So whatever the infecting agent may have been, the fact of her recovery under the use of the silver ointment leads me to feel that possibly it may be of benefit in other cases, and I certainly shall continue to give it a trial until I can learn of some more promising treatment. In the cases in which I have used it I have seen no toxic effects, unless the rapid fall of the temperature could be so considered, and the possibility that the sudden demise of one of the cases which I have reported may possibly have been due to its action.

NURSING AS A PROFESSION.*

BY F. T. BICKNELL, M. D., PRESIDENT OF THE BOARD OF DIRECTORS OF THE CALIFORNIA HOSPITAL, LOS ANGELES, CAL.

Ladies:—

It hardly seems possible that two long years have passed since, as probationers, you took upon yourselves the obligations and uniforms of nurses at the California Hospital Training School.

Yet your presence here makes me know not only that these years have passed, but that your engagement and enlistment in the work was deliberate and intentional.

You expected and intended by your own work and worth to stand, as you do tonight, before the officials of this institution, and receive from their hands the well-earned reward of your labors.

I should hesitate to say that there never was at any time previous to that engagement, any tinge of romance in the thought of being a trained nurse.

But I do feel safe in saying that not many months had passed before those tinges had so faded that nothing short of your earnest purpose and genuine love of the work kept you in the rank to the full term of your enlistment, ever vigilant, always faithful to the task assigned to your keeping. How little people in health and unaccustomed to sickness realize what a task to body and mind that assignment means to a conscientious nurse—sleepless nights, untiring efforts to control pain, to combat consuming fever, to comfort and condole with real suffering, and forestall present and impending dangers! Then, again, to please and make happy the whimsical, the unreasonable, and especially the unappreciative and ungrateful, and all with a smile and cheer that is a libel upon every element and instinct of

*Address to the Graduates of the California Hospital Training School for Nurses, June, 1900.

human nature, and is only fathered by the forced rule that your sweetest smiles must be reserved for the time when you are the most provoked.

Poets may sigh and novelists may write of our school days as the happiest period of our life; but you and I know they have never taken a two year course in a training school for nurses, or else the whole bunch of them were given to romancing or telling fairy tales.

I know better than to assume that the smiles and good cheer that beam from your eyes tonight are because you have enjoyed constant, happy, hilarious, go-easy times for two years at the California Hospital.

Not this, by any means. Neither is it all because you are through with the hard and responsible duties there imposed upon you. No. It is most of all because you are possessed of a conscious strength and self-development that you know are the outgrowth and garnering of a harvest whose seed-sowing and tilling was by your own hands, through sunshine and shadows, facing dangers, seen and unseen, like soldiers defending their country or kingdom, forgetting themselves in the performance of a duty, wherein lives and great principles are in jeopardy. So why should you not be happy tonight in the consciousness of your well doing for others, and most of all, because you know that your hearts are larger and better, that your minds are stored with such knowledge as gives you worth and wisdom, such as only comes to those who diligently work for the higher and better things of life.

Indeed, you may be both happy and proud. While your work in the main has been grave and responsible, often tedious and frequently painful, because of your helplessness to restore the hopelessly sick, yet there is a cheer comes to your heart that nothing else

can bring, when the weak and trembling hand regains sufficient strength to reach out and clasp yours, and a whisper becomes a voice strong enough to say, "My dear nurse, your kindness and care have saved my life." There is a reward in this that so outweighs and out-measures monetary consideration that you are made so happy and glad in your vocation that your trials and pains are forgotten; and it is well that it is so, else neither doctors or nurses could long stand the strain. I venture to say that so long as you live, you will never regret that you took the training school course. It in no wise unfits you for any vocation in life, but instead, gives you a discipline in obedience to rules and regulations that is always conducive to self-control of emotion, temper and tongue. It gives you an insight to the weaknesses of human nature that in health are never manifest. It makes you charitable and more just in your judgment of all mankind, and best of all it trains and fits you to a line of work that by birth-right women alone can do perfectly.

The practice of medicine is rapidly evolving and adopting what we see in all other trades and professions of life—specialties. Trained nurses have already become essential and indispensable co-laborers in the successful practice of medicine, surgery and obstetrics. Hence, your field of work is as broad as that of the medical profession, and never will become more overcrowded than the former. In fact, not as much so, for it is not to be expected or even hoped that you all, or in fact any of you will always do nursing outside of your own happy homes and families.

Your opportunities for observation and practical experience in all the special subdivisions of the general practice of medicine has been exceptionally abundant. Hence we have a

right to expect, and in no wise doubt that the class of the year 1900 from the California Hospital shall be second to none of this or any other training school in the whole land.

From this on your field of work changes, and there comes with the change tests, not only of your skill, but your "tact" and measure of your personal adaptability and qualifications as successful nurses. No one can tell you how to make yourself liked, but the mention of a few things that no one likes may be a parting reminder of a few essentials necessary to the being of a popular and successful nurse. An untidy nurse, either in person or dress is never welcome. Prompt attention to the personal appearance and comfort of the patient, including room and bed, always inspires respect and confidence in your thoughtfulness and training. Quietude and composure must always be in evidence, and never departed from. Over-officiousness and house-disturbing demands, is an immediate and positive evidence of a lack of that quality called "tact," which is so common as to have cast more discredit upon professional nurses than any one cause of which I know. Hence, politely ask for what you need—never order anybody. Gossip is patented and belongs to the "four hundred." Among nurses its penalty should be prompt and immediate professional disbarment. In short, to be a good and popular nurse necessitates that you possess the best and most advanced skill of the day, added to a good, big, honest heart that you always take with you, for you are expected to bring into the home as well as the sick room, cheer, comfort and wisdom.

Ladies, tonight is your graduation night which in a sense, means the end of the beginning, but it is also your commencement night, which means in every sense the beginning of the end.

Up to this time with all your work and worry, there has been a superior and supervising head and hand over you and among you, that carried the greater responsibility of each and every care in the person of your Superintendent. From this on you are to be placed upon your own resources. That you may do yourselves full justice, I charge you to be brave and strong in the execution of all those things that you know to be best.

That you may do your patient justice, do not assume responsibilities of conditions and things of which you do not know; but place the responsibility upon the physician of the patient's or friend's choosing, thereby conserving the best interests of both yourself and your patient. What we are, or what we come to be is of our own making, but the making is greatly dependent upon our associations. Hence, the influence of our reading and associates must be chosen with the greatest care and discretion. It is through these sources that we get our highest ideals of the best representatives in every walk of life. As nurses I know that you can but covet the patience, the good cheer, the forbearance, the fairness, the prudence, the discretion, and most of all, the high professional and moral attainments of your worthy Superintendent, Miss Patterson. Carry her living example into your life and your work, and success can but crown your efforts. I know that I but bespeak the earnest sentiments of every member of the medical and surgical staff of the California Hospital and its management, when I earnestly thank you for the cheerful, patient and faithful work you have done while in our service, and which has redounded to the credit and great success of this institution. We pledge you our best wishes and our moral and professional support. We expect in return that your private lives and conduct shall ever

redound to the credit of your Alma Mater.

Ladies of the Graduating Class of 1900: It is my pleasure and honor as President of the California Hospital and its Training School, by the direction of its Board of Directors, to confer upon you the highest compliment

within the power of this institution, that of presenting to you and each of you our Diploma, certifying to the public that you are legally qualified and competent to practice your profession as trained Medical and Surgical Nurses.

APPENDICITIS, WITH TABULATED REPORT OF FIFTY CONSECUTIVE OPERATIONS WITHOUT A DEATH.*

BY W. W. BECKETT, M. D., LOS ANGELES, CAL.

The fact that over five thousand people within this country die annually of appendicitis and that nearly all of these might be saved by timely surgical treatment is my only apology for presenting to you a paper on this subject, hoping that the discussion which may follow will enable us to better understand and treat this important disease.

Dr. Edebohls in his review of the literature upon this subject gives some interesting data.

Hancock, on April 17, 1848, performed the first deliberate operation for deep-seated suppuration of appendicular origin. His patient recovered. Up to 1883 the surgical treatment of appendicitis consisted of the evacuation and drainage of perityphlitic abscesses. The first recorded operation upon the appendix itself was on August 24, 1883. Mahomed diagnosed a stone in the appendix. Symonds removed the stone through an opening in appendix and closed the opening in the appendix by Lembert sutures. Morton, on April 27, 1887, removed the larger part of a perforated appendix. Sands on December 31, 1887, closed a perforation of the appendix by sutures. Tait in 1889 slit open and drained an appendix. All these patients recovered.

The practical study of appendicitis was begun by the classic article by Fitz in 1886. All we know of this disease and its treatment is the direct outcome of abdominal surgery. We are very much indebted to Murphy, Morris, Edebohls, McBurney, Kelly, Treves and many others for our clinical and pathological knowledge, and for methods of diagnosis and treatment of this important disease. More than one-half of the extensive literature of this disease has appeared within the past five years.

The appendix is from one to nine inches long, the average being three and one-half inches in the male, and a little less in the female. Its average diameter is about a quarter of an inch. It is said to be largest at or near puberty, and to diminish with age. The appendix may be placed anywhere about the cecum. In about one-third of all cases the appendix runs upward and inward; in one-fourth it lies behind the cecum, and in about one-sixth it dips into the pelvis. It may become adherent to every contiguous organ. The peritoneal layers and folds around the appendix contribute largely to the safe closing off of a badly inflamed appendix.

The ilio-colic fossa is above and at the junction of the ilium with the colon; the ilio cecal fossa is behind the junction of the ilium and cecum and between this and the mesentery of the ascending colon. This fossa in some cases rises behind the colon as high as the kidney. The sub-cecal fossa is immediately behind the cecum separating the layers of the meso-colon. The results of an inflamed appendix in either of these fossae may be easily understood. The inner side of the appendix forms a free border in which is the appendical artery. The minute structure of the appendix is the same as that of the cecum. The mucosa contains large aggregations of lymphatic tissue, forming lymphoid follicles similar to those found in the tonsils.

Appendicitis may occur at any age, though young adults constitute the majority of cases. It is rarely met with in infants. One case, however, is recorded of the successful removal of an appendix from an infant six weeks old. Males seem to be attacked rather more frequently than females. Heredity may be a causative factor in those of an arthritic diathesis. I have twice operated for appendicitis upon two in the same family. Micro-organisms, catarrhal inflammations as the result of dietetic indiscretions, typhoid, tubercular, and malignant conditions, foreign bodies, fecal concretions and traumatism are all etiological factors. Movable kidney is also mentioned by Edebohls, and the action of the psoas muscle by Beck.

Appendicitis may be a primary condition, or the inflammation may extend from the mucosa of the cecum to that of the appendix, or occlusion with secondary bacterial invasion may follow. In the majority of cases the inflammatory process is started by the bacillus coli communis. The staphylococcus or the streptococcus may be

responsible for the infection. The presence of the streptococcus is usually attended with symptoms of the severest type. Warren and Gould give the following classification: (1) Appendicular colic; (2) catarrhal appendicitis; (3) suppurative appendicitis; (4) perforative appendicitis; (5) gangrenous appendicitis; (6) chronic appendicitis (relapsing and recurrent).

The diagnosis is of the greatest importance to the physician and the surgeon. The attack begins with pain more or less severe, in any part of the abdomen. The pain frequently begins in the epigastrium, or near the umbilicus, but is soon most severe in the region of the appendix, wherever that may be located. The pain may radiate from this point towards the epigastrium, the umbilicus or groin, and may be attended with exacerbations. Nausea and vomiting occur in the majority of cases. The pulse is usually increased and the temperature elevated. Constipation is the rule, but diarrhea may exist. Rigidity of the right abdominal muscle is almost always present. All these symptoms may be greatly exaggerated in the hysterical patient. As yet we cannot at the onset differentiate between a case of simple catarrhal appendicitis and a case of the gravest type. The diagnosis is almost certain when a mass can be felt in the right iliac fossa. The temperature is no guide as to the severity of the case. Recovery may follow a high temperature, while perforation and general peritonitis may occur with a temperature but little above normal. A pulse rate of one hundred and thirty or more denotes a considerable infection, yet I have seen a case with gangrenous appendix and diffuse peritonitis with a pulse of eighty-five. Abdominal distention, if due to local infection, is a grave symptom, especially if accompanied by rapid pulse and an increased temperature. In the fulminating form

the symptoms are usually marked the course a rapid one. Cases occur in which the symptoms of appendicitis are so pronounced that there is little room for doubt, and yet the appendix be free from disease. A few years ago I operated upon a case which began with sudden onset, intense pain in the right iliac fossa, nausea and vomiting, rapid pulse, rise of temperature, constipation, which was not relieved by purgatives and enemas, mass in right side, collapse, no previous history. On opening the abdominal cavity I found, instead of an acute attack of appendicitis, a rapidly distended retro-peritoneal cyst.

Intestinal obstructions, malignant neoplasms, typhoid perforations, salpingitis, tubal pregnancy, movable kidney and cholecystitis may as a rule be distinguished by the character of the onset. In intestinal obstruction the symptoms are those of strangulated hernia, severe abdominal pain, collapse, vomiting, abdominal distention, constipation. Rise of temperature occurs late. Malignant tumors usually occur after the fortieth year, are of slow growth and produce a cachectic appearance. Typhoid perforation takes place late in the disease; the petechiae, temperature, diazo and Widal's tests will aid in the diagnosis. In salpingitis the history of the case is usually sufficient to render the diagnosis plain. In tubal pregnancy there are the characteristic symptoms and normal temperature before rupture. In movable kidney the temperature and pulse are not increased and the tumor slips readily from under the fingers. Cholecystitis and inflammation of the bile ducts are diagnosticated by color of the passages, jaundice and the location of the pain. Yet in rare cases it may be impossible to make a diagnosis except by an exploratory incision. It is impossible to give a positive prognosis early in the attack. There are no symptoms or signs

whereby we may know positively the pathological changes that are taking place within the cavity. Pain, if violent and persistent, indicates a serious attack, but does not inform us of the limitation of the infection. On the other hand the absence of pain gives us no evidence as to gangrene or resolution. A rapid pulse and a high temperature indicate a destructive process, but their absence affords no assurance of recovery. There may be a gangrenous appendicitis with a normal temperature, and a pulse that is slightly increased. Shock is a grave symptom and usually indicates perforation, but the most fatal attacks often occur without it. Perforation of the appendix can no more be foretold than can the perforation of the intestine in typhoid fever.

The facial expression is of great value. The disease tends to recur and the danger increases with each successive attack. Morris gives the surgical death rate in acute and chronic cases without abscess at a little less than one per cent. in the hands of several American surgeons. During the first week the mortality is about eight per cent., while during the second week the mortality exceeds seventeen per cent. The prognosis is grave in the aged and infirm. Simple catarrhal cases usually recover. Diffuse peritonitis is the most frequent cause of death. This, with intestinal obstruction, paresis of the intestines, multiple abscess of the liver, gangrene of the cecum, phlebitis, parotiditis, empyema and pericarditis are complications which may thwart the best endeavors of the surgeon. Appendicitis occurring during pregnancy renders the prognosis more grave. Medical treatment is indicated only when the patient refuses to be operated upon, or when it is not convenient to operate at once. Salines in small doses, often repeated, copious enemata with rectal tube, rest in bed with either hot

[illegible]

or cold applications over seat of pain, will give best results. Opium in any form should not be given. The diet should be liquid. Give no food whatever until the bowels are freely opened.

Aspiration through the abdominal wall is never indicated. It is much safer to make an exploratory incision. Appendicitis is always a surgical disease and when the physician comes to realize this fact and learns to recognize the disease early, many valuable lives will be saved.

When shall we operate? Murphy says: "First, last and always, operate in every case of appendicitis, promising or unpromising, at the earliest possible moment." And I have yet to find a valid reason why he is not correct. Unfortunately, there are during the early stage of appendicitis no symptoms whereby we may know the favorable cases from the unfavorable ones. A retention appendicitis may produce a temperature of one hundred and five, a pulse of a hundred and thirty or more, tympanites, anxious facial expression and all the symptoms of peritonitis, and the peritoneum be free from infection. While on the other hand I have seen a case with a temperature of ninety-nine degrees, a pulse of eighty-six, no vomiting, no tympanites, and only a slight tenderness over McBurney's point, with a gangrenous, perforated appendix. Fifty per cent. of all fatal cases die before the end of the sixth day, many before the fourth and some on the second day. If we err, let it be on the side of too early rather than on that of too long delayed operation.

The gridiron, or McBurney incision, the separating the muscular fibers of the different planes of the abdominal wall in the direction of the fibers of each muscle is the best incision when the appendix is situated to the outer side of the rectus muscle. If the appendix is within reach of an incision

through the rectus, the Battle incision is preferred. This incision avoids severing large nerve trunks. It can be readily extended upward or downward, if necessary to enable us to dissect out a long appendix or to palpate or operate upon the uterus or its adnexa. The incision should be only long enough to give ample room to work with ease. The one and one-half inch incision of Morris is in the majority of cases sufficient. With a small McBurney or Battle incision carefully closed, hernia is not likely to occur. A pad over the seat of operation is apt to produce hernia by causing absorption of the new connective tissue as it is being formed.

In cases of appendicitis operated upon between attacks, the peritoneum of the appendix should be peeled back and the muscular layers ligated, the appendix severed with a cautery and the cuff drawn by a purse-string back over the stump. This may be reinforced with three or four Lembert sutures.

In acute cases, where this procedure is not possible, the appendix should be simply ligated. In some cases fecal fistula will occur, but that will close in a few days of itself.

Dr. Edebohls in the Medical Record of November 25, 1899, says that he has inverted the entire uncut appendix in more than one hundred cases, but gives no description of the technique. Dr. Baldwin has also practiced inversion of the appendix. He frees the appendix from adhesions, ligates the meso-appendix, including the appendical artery, near the cecum. The mesentery is then stripped off from the appendix. If the peritoneal and mucous coats are acutely inflamed and greatly thickened, inversion is impossible. In such cases a longitudinal incision is made through these two coats down through the mucous membrane, and the two coats peeled off, leaving only the mucous membrane in-

tact, which is easily inverted. A stitch or two is taken across the opening in the bowel at the point of disappearance of the inverted appendix. I have had no experience with this procedure. In that class of cases where there is a small abscess opened without opening the unaffected portion of the peritoneum with the appendix forming part of the wall or a large abscess filling the iliac fossa, closed off with firm adhesions, the peritoneum should never be broken to remove the appendix. The abscess cavity should simply be drained. Where there is a circumscribed abscess situated on the posterior wall of the abdomen and walled in by adherent omentum and the intestines with no adhesions to the anterior abdominal wall, great care should be taken to protect the field of operation by packing around with sterilized gauze. The adhesions should be separated and the appendix removed, the abscess cavity sponged out and drained. In those cases where there is a quantity of pus free in the peritoneal cavity with no limiting adhesions, extensive drainage should be employed. All those cases where the endothelium is not eroded and the bowel is smooth and glossy will recover. Most cases in which the endothelium is greatly congested and eroded, the bowel having a livid appearance and very much distended, showing a paralysis of its muscular walls, die. Tubercular and typhoid ulceration of the appendix produce all the acute symptoms of appendicitis and should be operated upon at once.

In the relapsing patients the operation should be performed between the attacks.

If the first attack of appendicitis be left to the physician, such fulminating cases as the following are examples of, will never be seen by the surgeon. These cases, if not operated upon early, die.

Case II—A. K., age 23 years; male. Operation March 5, 1895. The patient,

who had always been well, was attacked with pain in the epigastrium on the morning of March 4. The pain was soon referred to the right iliac fossa and was attended with nausea and vomiting. A physician was called in the evening, who gave morphine sulph. gr. one-fourth, hypodermically. Notwithstanding this, the patient passed a very uncomfortable night. The next morning, when I saw the patient, he had a temperature of 103 degrees, pulse 125, some tympanites, boardiness, constipation, intense pain and tenderness at McBurney's point. No previous attack. The patient was removed to the hospital and operated on that evening. The appendix was gangrenous and was buried in a mass of adhesions. The appendix was removed and the cavity closed. The recovery was uneventful.

Case XII—T. B. W., age 17 years; operation March 1, 1896. Patient had not been feeling well for two or three days. The day before the operation he was taken with intense pain in the right iliac fossa, nausea and vomiting, temperature high, rapid pulse, no tympanites, great pain over the appendical region, boardiness, constipation. This condition was even more pronounced when I was called by the attending physician the following day. He was removed to the hospital and operated upon at once. On opening the abdominal cavity the appendix was found to be perforated and gangrenous. There were no limiting adhesions, and septic peritonitis existed. The appendix and a large mass of almost gangrenous omentum was removed, the cavity carefully sponged and freely drained. Rapid recovery.

The following cases illustrate that class of cases that go on to the end of the first week with all of the most favorable symptoms that could well be imagined, and then die of a suppurative peritonitis that had existed all the time.

Case XI—Mrs. D. A. V. Three days before I saw this patient she was attacked with quite severe pain in the right side. There was nausea, but no vomiting. Temperature and pulse somewhat increased. The symptoms gradually grew less and at the time I saw her there was but little pain except on pressure. The bowels had moved freely, no tympanites. Temperature 99, pulse normal. The patient expressed herself as feeling quite well. I should not have advised operation had it not been for the fact that the patient had had two previous attacks. Notwithstanding these slight symptoms, the appendix was found to be bound down under a mass of omentum and the cecum. The appendix was gangrenous and filled with pus and there was a localized peritonitis.

Case XV—V. H. Was attacked two weeks previous to the operation with all the symptoms of acute appendicitis. Her symptoms gradually improved and on the third day was able to be out of bed. Her bowels moved daily with mild purgatives, but the pain and tenderness in the region of the appendix persisted. I was called to see the patient for the first time the night before the operation, owing to an exacerbation of the pain. Her temperature was then 102 deg. F., pulse 110. I had her removed to the sanitarium at once and prepared for operation. By morning her temperature and pulse had fallen to nearly normal, and she was apparently almost well. The appendix was gangrenous and buried in a mass of adhesions beneath the cecum. The appendix and a large mass of almost gangrenous omentum was removed, and about four ounces of pus evacuated. There were no adhesions to the anterior abdominal wall. The cavity was closed with drainage. A fecal fistula occurred on the fourth day, but healed spontaneously in three days. Otherwise the recovery was uneventful.

Case XXIV—E. S., age four years. Was perfectly well up to Thursday, November 6, 1897, when she was attacked with pain in her abdomen. She began vomiting at 9:30 P. M. The vomiting and pain continued throughout the night. At noon the next day when I saw the patient she had a temperature of 102.5 deg. F., pulse 120; some tenderness at McBurney's point, but not marked; no boardiness. After the administration of a bottle of citrate of magnesia, given in divided doses, the patient's bowels moved, temperature subsided, the tenderness largely disappeared and the patient seemed to be rapidly recovering, but on Sunday a mass appeared in the appendical region. The patient was removed to the hospital and operation done at once. The temperature and pulse at this time was but little above normal. The operation was by incision over the mass. The appendix was covered by adherent omentum; there were limiting adhesions; the appendix, which was perforated and sloughing, was removed and gauze drainage inserted. The patient made a rapid recovery.

The following case illustrates the advantage of the incision through the rectus muscle.

Case XVII—Mrs. E. M., age 25 years. Operation twenty-four hours after onset. The incision was through the outer border of the rectus abdominal muscle. The appendix, ovary and tube were all badly inflamed and adherent. The incision was extended downward and the ovary tube and appendix removed through the opening.

Where the abscess is situated well to the outer side of the iliac fossa, it is well to make the incision along the anterior border of the lumbar muscle. Through an incision so placed the abscess may be drained without opening the peritoneal cavity.

Case VII—F. G., age 36 years. Operation September 18, 1895, during an

acute attack of appendicitis. The patient had previously had several attacks. There were the usual symptoms.

On palpation under ether a deep-seated abscess could be felt in the right iliac fossa near the ilium. The incision was along the border of the lumbar muscle, the peritoneum lifted up and the abscess opened and drained. A fecal fistula occurred on the third day, but soon healed of itself. The patient has since been entirely well.

Cases of chronic appendicitis should be operated upon as you would operate on a case of chronic ovaritis, to relieve the patient of her suffering and to prevent other attacks.

Case III—Mrs. P., age 55 years; operation May 30, 1895. This patient had had five attacks of appendicitis. Operation had been advised and refused. I was called to attend her during the last attack and advised operation before the occurrence of another attack, to which she consented. The operation was performed about two weeks after the last attack. In this case the appendix was only about an inch long and was reduced to a small cord forming what Senn terms appendicitis obliterans. Before operation it is not possible to say that the appendix has become obliterated.

Case XIII—A. M. O., age 48 years; operated September 30, 1896. Patient had chronic appendicitis for the past two years. During this time there had been three quite severe attacks, and many slight ones. Various diagnoses had been made by several physicians. The appendix was bound by firm adhesions between the cecum and the ilium. The adhesions were freed and the appendix removed. The patient recovered rapidly and has since been well.

This case is interesting on account of the large slough in the cecum and the ability of the patient to walk about while in this condition.

Case XIX—E. H., age 28 years; operation April 28, 1897, on the tenth day of the attack. The examination showed a temperature of 101 deg. F., pulse 95, coated tongue, pain and tenderness in the right side. A mass could be palpated.

On opening the cavity the mass was found to be adherent to posterior abdominal wall. The peritoneal cavity was well protected by sterilized gauze and a large gangrenous appendix removed. A large slough extended into the cecum. This was removed and the edges turned in with Lembert's sutures. The cavity was well sponged out and drained. The gauze was all removed by the eighth day. Healing took place without fecal fistula. Notwithstanding the condition the patient was in, he walked into the hospital and up two flights of stairs the evening before the operation.

Of the fifty consecutive cases in the following tabulated report, twenty-six were male and twenty-four were female. The youngest was four years and the oldest fifty-five years old. Fourteen were operated upon during the first attack; the other thirty-six had previously had ninety-two attacks. The physicians who attended them doubtless claimed ninety-two recoveries without a death. Had they continued to treat them through their next attack they surely would have lost sixteen cases or nearly fifty per cent. One case recurred after a second drainage of a walled-off abscess. In the beginning of the third attack I removed the appendix. In five cases fecal fistula occurred, but all closed spontaneously within a few days. Twenty-eight were suppurative cases requiring drainage. Gauze was used in each case, and was removed from the fourth to the eighth day. As far as I have been able to ascertain, hernia has occurred in only three cases. They were cases in which extensive drainage was necessary. One case was op-

erated upon during an attack of typhoid fever. The operation did not seem to interfere with the course of the typhoid fever. Case XXI was operated upon just four weeks after a normal confinement and convalescence. In three cases there was also a mild attack of tonsillitis. The longest period between attacks was fourteen years. All the cases recovered.

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ORGANIC CARDIAC DISEASE.*

BY GEO. L. COLE, M. D., LOS ANGELES, CAL.

PROFESSOR OF THERAPEUTICS IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

While I am aware that this title is somewhat inappropriate from the fact that it covers a subject much too broad to be treated properly in the brief time allotted to us, yet it will, notwithstanding, give an opportunity to make some remarks in a general way upon heart disease, with the hope that it will bring out an interesting discussion.

It is more especially my intention to speak of those diseased conditions of the endocardium which are shown by pathological changes at the various orifices of the compartments of the heart and which are attended with murmurs. Without attempting to

make any extensive classification, these may be considered under two heads: First, those conditions of the heart and circulation where we find murmurs that have very little pathological significance (especially insofar as treatment is concerned), and, second, in which severe pathological conditions exist, demanding the most careful attention, requiring the best judgment in the selection of proper remedies. These cases often cause the physician great anxiety because of the uncertainty of prognosis and the extreme delicacy required in their management.

Many of the first class of cases are

*Read before the Southern California Medical Society, May 3, 1900.

discovered accidentally in patients who present themselves for other ailments, never suspecting that they have any diseased condition of the heart. Many of these cases are discovered by the examiner for life insurance, often to be rejected for such insurance; after which they seek their physician for treatment.

It is doubtless true that the very great majority of this class of patients are better off without medicines, especially so far as the ordinary remedies digitalis, strophanthus, etc., are concerned. That much can be harmlessly done for them through good hygienic and dietetic care goes without saying. I fear that it is often the case that simply because a patient presents himself with a more or less pronounced murmur, without any other indications for treatment, he is encouraged to pursue a long course of ill-advised drugs with the hope that he may effect a permanent cure of his heart trouble. The so-called hemic murmurs, which are probably due more largely to pathological changes in the circulating fluid and its effect upon the nutrition of the myocardium than in the diseased condition of the valves themselves, can often be benefited by a course of chalybeate tonics; but eliminating this particular class of hemic murmurs, the rule that we have here laid down will hold good. For instance, if the patient presents himself with a slight systolic murmur at the apex, which is not transmitted to the left or to the rear of the chest, and which is not accompanied by a displacement of the apex of the heart, nor by any symptoms, as of coughing, or short-windedness, or edema of the extremities, aside from advising him with regard to proper hygiene and diet, and possibly giving him occasionally a cholagogue purgative, he is probably best left without medicines. The same may be true of some mur-

murs that occur at the base of the heart.

On the other hand, there is a large class of cases coming to us from time to time for other ailments, where we may discover valvular murmurs that are accompanied by positive symptoms pointing directly to valvular lesions, where the patient has not the slightest idea that he has any heart trouble. In many of those cases it is doubtless wise for the physician to keep the information which he thus finds to himself, or if possible to disclose it only to some intimate friend or near relative of the patient, and by thus doing avoid alarming the patient to such an extent that he will come to look upon himself as a chronic invalid. Nothing but tact and good judgment can determine which course it is best to pursue, for while some patients become intensely alarmed at once upon becoming acquainted with the fact that they have a valvular murmur, there are others of such temperament that it is not only harmless for them to be acquainted with the fact, but positively to their advantage, in order that they may be properly instructed as to the course of life they should pursue. Given a patient of a certain neurotic temperament, one who is easily alarmed about any pathological condition which he may possess, to the extent that he is constantly dwelling upon it, fearful of doing this, that or the other thing, for fear he may do himself injury; it is certainly much better for him that he should remain as nearly as possible in ignorance of his condition, provided he can be properly handled and guided in his course of life. This is doubtless true especially of many children, who for years may remain under the supervision of a wise parentage.

Then, again, we are not infrequently confronted with a patient suffering from a crippled heart to such a degree

that he has much dyspnea, edema of the extremities, and intense suffering in the precordial region, possibly having ascites and hydrothorax, which are susceptible to treatment so applied that he may not only remain for years in comparative comfort, but even be given enough respite from his maladies to continue with a reasonable degree of comfort in certain vocations. It is astonishing, sometimes, even to the physician himself, to see how these patients, who have been for months, and years probably, neglected, when placed upon proper treatment will regain a condition in which they think themselves comparatively well. To consign such a case to the incurable list without giving him any of the advantages that lie within the province of a physician becomes deplorable, if not almost criminal, on the part of the practitioner. It is in these cases that our remedies increase our confidence in the usefulness of our *materia medica*.

Again, there is another subdivision of so-called heart disease, in which the primary lesion lies not in the heart itself, but in the kidneys, where a chronic nephritis has led to secondary changes in the heart. I must confess that cases of this kind sometimes occur where it is next to impossible to tell whether the primary disease is located in the chest or in the abdomen. But usually, unless it be at the very termination of the disease, a careful study of the case will enable us to clear up the point of diagnosis which may be in question. By this I mean that class of cases showing valvular lesions and enlargement of the heart, in which albuminuria and casts also exist. To determine whether the heart was first involved and the nephritis with attendant albuminuria, secondary to it, or whether a nephritis of long standing was the original cause and secondarily followed by cardiac

changes, becomes one of the nice problems for solution.

Before going further, we may well ask ourselves what can be done in the way of preventing valvular disease of the heart. It has long been a well known fact that articular rheumatism is perhaps one of the most common factors in the production of endocarditis. Physicians the world over have been seeking some means of preventing the cardiac complications of this disease, but up to the present time nothing great seems to have been accomplished in this direction. For a long time it was thought that possibly the acidity of the blood which usually accompanies rheumatism was a large factor in producing a diseased condition of the valves, and therefore some authors—particularly the late Austin Flint—have taught that the administration of alkalies in rheumatism is equally important, if not more so, than the administration of salicylates. Flint's teaching to his classes, especially during the last two courses of lectures that he delivered, was that the salicylates should be administered to relieve pain, while equally important was the administration of the stronger alkalies—such as bicarbonate of soda—to render the secretions alkaline, in order that the endocardium might be protected. Many of the best authors of today seem to disregard this entirely, while they teach that all that can be done is to keep the patient entirely at rest (preferably in bed) even during mild attacks of rheumatism, in order that the strain placed upon the heart may be minimized. It has been my custom to follow, insofar as possible, both of these suggestions; and I have been astonished to see how infrequently I am able to discover the development of a cardiac murmur during attacks of rheumatism. Along this line, however, it is not to be forgotten that the

milder attacks of rheumatism that often go untreated by the physician, are perhaps quite as prone to develop cardiac lesions as are the more serious attacks. The infectious diseases should also be treated in such a manner as to put the least possible strain upon the heart; which can be done by keeping a free portal circulation, entire rest of the body, and as low a temperature as may be sustained with the proper management of the disease. In this connection it is well for us to bear in mind the effect of a reduction of temperature by means of the cold bath, as contrasted with the reduction by means of those drugs which directly have a tendency to depress the heart action.

In estimating the amount of damage that may exist in the heart, I would especially call attention to the fact that it is not the loudness of the murmur, so much as the evidence of the enlargement of the heart as shown by the displacement of the heart apex and increased area of dullness that leads us to judge of the seriousness of the lesion. For instance, I am inclined to believe that a murmur which is scarcely audible, often accompanies a much more serious lesion than does a murmur which is so loud that it cannot possibly be overlooked by any one making an examination of the chest. Good authors also support this idea. A most beautiful illustration of this fact came to my notice during the present year at the County Hospital of Los Angeles. One morning, in showing two cases of valvular disease of the heart to my class, in one of the cases the murmur was very loud; while in the other case it was with some difficulty that several members of the class could distinguish it at all. I endeavored to point out to them and impress upon them the fact that the murmur which was scarcely audible probably accompanied the more

serious heart lesion. Only a few weeks later the members of the class recalled to me the point that I had tried to impress upon them, saying that on the previous day they had had an opportunity to hold a post-mortem upon the case which had shown the slight murmur, the patient having died from the direct effect of the heart lesion, while the patient with the loud murmur was still doing service as a helper at the hospital. This is one of the points that it is hard to impress upon a class but the lesson thus afforded to these students will doubtless not be forgotten.

I would call attention also to some diagnostic points in determining the most common valvular lesion—that of mitral insufficiency. That the diagnosis is not alone made by a systolic murmur at the apex, but that in addition to this, the murmur should be carried to the left and possibly to the rear of the chest; that unless the trouble is recent and acute, the apex of the heart will be displaced to the left of the mammillary line; and that, furthermore, there should be an accentuation of the second pulmonic sound heard in the second intercostal space at the left of the sternum. That this lesion even when well pronounced, is compatible with years of comparative health, should not be forgotten. Likewise some of the aortic lesions; and even when there is a combination of stenosis and regurgitation (as indeed is usually the case when the direct lesion is well marked), we may likewise have a long period of comparatively perfect health, in which the patient may follow some of the less laborious vocations of life for many, many years.

In the treatment of valvular diseases, attention may be called to that fact which has been taught for years, that so long as compensatory hypertrophy is going on, cardiac stimulants

should be avoided. In this stage of the disease, which often covers a long period of the life of many individuals, proper hygiene, proper diet, and freedom from the use of stimulants and narcotics (especially whisky and tobacco), together with a life free from excess of all kinds, both physical and mental exertion, and especially free from sexual excess, should constitute the main line of treatment. Often times the earliest unpleasant symptoms arising in these cases come from the congested portal circulation, and manifest this by an enlarged liver; and the treatment of these cases as they begin to show a broken compensation, by a more or less prolonged period of rest in bed, with cholagogue purgatives, is often sufficient to establish compensation, when the treatment by cardiac stimulants alone fails to accomplish relief.

With regard to the use of heart stimulants, some authors have endeavored to make a nice distinction by using different drugs in different valvular lesions; but personally, it is a question after all whether there is anything to be gained by a selection of drugs in the various lesions. To better explain the meaning, it seems to me (and this is also held by some of the best authors), that it makes very little difference as to whether the symptoms, such as a pulmonary congestion, edema of the extremities, etc., are caused by a lesion of the mitral valve or of the aortic valve, when it comes to the administration of cardiac stimulants. Doubtless digitalis will do more good in the mitral insufficiency than in an aortic insufficiency; but whether we can substitute with advantage such remedies as strychnia and nitro-glycerine entirely in the aortic lesion, withholding such remedies as digitalis and strophanthus, which stimulate the cardiac muscles, is a question of serious

doubt. It should always be borne in mind that the use of nitro-glycerine instead of spurring on a heart that is already crippled, rather lessens the burden placed upon it, by dilating the peripheral vessels, and thus allowing the heart to do its work more easily; while digitalis, by strengthening the heart muscles, may temporarily accomplish the same practical result.

In the later stages of valvular heart disease, where the cavities of the body such as the peritoneal and the pleural have become distended with fluid, it is much better to withdraw the fluid by means of aspiration than to try to produce absorption at the expense of the heart. It is interesting to see how, oftentimes, a patient in whom digitalis, strophanthus, spartein, nitro-glycerine, strychnia, etc., have failed to accomplish any good results, may be relieved by the same remedies after ridding the various cavities of the body of accumulated fluid, and especially when this is accompanied by free purgation by calomel and similar drugs.

With regard to the use of the various heart stimulants, it is to be remembered that there is probably no other one drug that can in the majority of cases be used to so much advantage as digitalis; and yet we often find patients in whom digitalis produces so much gastro-intestinal disturbance, that it can be used with very little good effect. It is in these cases also that the different preparations of digitalis—such as the tincture, fluid extract and digitalin—can be used to better advantage than can the infusion; and it is in these cases often that strophanthus, spartein, citrate of caffeine, strychnia and (not the least important of all), diuretin can be used to the greatest advantage. As has been pointed out by some observers diuretin seems to be of more avail in the late stages of primary cardiac dis-

ease than in those cases where the kidneys are primarily at fault.

The foregoing facts, while of common, ordinary every-day observation, are nevertheless facts which are often overlooked, especially by younger practitioners, and which, in a certain way, will do us no harm to bring up

at this time for discussion. There are a number of other forms of organic lesion, such as fatty infiltration, fatty degeneration, etc., but were these considered here, the subject would be too broad for the time allotted to this paper.

A CASE OF CHOLERA MORBUS.

BY LINCOLN ROGERS, M. D., LOS ANGELES, CAL.

Bessie E.; Norwegian; single; age, 39. Had worked in a steam laundry for five years. She had always enjoyed good health, except for an occasional attack of indigestion. On Friday, June 29, she had worked as usual and spent the evening with friends; said she was feeling tired and thought she would take a rest. She had eaten some cucumbers, some blackberries, a small beefsteak, and bread and butter during the day, and some ripe apricots in the evening with her friends.

She was taken sick in the night—probably about midnight—with cramps in her stomach and bowels and vomiting. She then began to have frequent bowel movements. The vomiting and purging continued until I saw her at 4:30 o'clock P. M., Saturday, June 30.

At this time her temperature was 97.5, pulse 120, respirations somewhat hurried, eyes sunken. She was lying in bed, but was able to rise when necessity required. Her mind was clear. She complained of cramps in her limbs, but suffered little pain. She vomited but once after I saw her, both the vomitus and feces being of a thin, slimy, nearly colorless fluid, and having a very peculiar and offensive odor. I immediately gave her a hypodermic of morphia, one-fourth grain, atropia one one-hundred-and-fiftieth grain, and strychnia one-fortieth grain; also rectal injection of normal salt solution. I ordered bismuth sub-nitrate ten grains, elixir lactopep-

tine one-half teaspoonful, with hot milk, every fifteen minutes.

The vomiting ceased immediately, but nothing seemed to have any influence on the bowels, although she received upwards of one grain of morphine in sixteen hours, with large doses of bismuth sub-gallate, both by the mouth and by the rectum.

At 10 o'clock P. M. I began giving her submammary injections of hot saline solution, making three injections under the left breast and two under the right. Nearly a quart was injected each time and was readily absorbed. Folded sheets were placed under the nates and changed frequently, but in spite of this the discharge from the bowels was so profuse that it soaked through two mattresses and dripped on the floor, making a large spot on the carpet before it was discovered.

The foot of the bed was raised, and hypodermics of whisky, strychnine, digitalin and nitro-glycerine were given as indicated, but all to no avail, as she died at 10:30 A. M. the next morning, having been unconscious for twelve hours.

About 10 P. M. on the day before she died her temperature rose to 101½, and she was delirious. At 4 A. M. the next morning her pulse was 160, but later dropped to 140, was regular but very small. She was seen in consultation by Drs. Still, J. R. Haynes and

Walter Lindley, the latter being consulted by telephone.

[It is generally understood that cholera morbus is very infrequently met with in Southern California, and Dr.

Roger's experience will put us all on our guard against this disease, especially at this time of the year, when fruit and vegetables are so plentiful.—Ed.]

SOME PHYSIOLOGICAL CHANGES IN REFRACTIVE CASES.*

BY WM. S. FOWLER, M. D., VENTURA, CAL.

The fact that the growth of the body leads to changes in the shape of the eye-ball is no longer doubted, and the older teachings that the refractive condition remained stationary for many years, or that those cases where changes did take place were rare and uncommon, has been corrected by the experience and records of newer men; and it is scarcely overstating the facts to say "that in every case where refractive records have been kept extending over a number of years some physiological change in the refractive error will be found."

As a matter of course the more frequent changes are in the degree of the error, there usually being a reduced amount of H or an increased amount of M (even this latter condition without the presence of pathological condition) and small degrees of H have successively become E. and M., passing from one change to the other with continued elongation of the optic axis as a matter of physiological growth. More or less asthenopia may and usually does accompany these changes, but a case may be seen occasionally where the changes have been marked and reasonably rapid with no attending discomfort, and the inconvenience limited to the decreased visual acuteness.

But the changes in refraction which trouble the oculist most, and cause most discomfort to the patient are usually those of small degree occurring in those patients with strained accommodation those who have been

wearing minus glasses when the actual error was hyperopic, or those having worn a minus glass much too strong for the real error, or in which there has been no attempt to correct the astigmatism.

That higher degrees of change occur, changes in the way of increase of myopia and decrease of hyperopia, with considerable frequency is not doubted. Even radical difference in degree of astigmatism, as well as change in character and variation in direction of the principal meridians are frequent, but the following case seems a little out of the usual order in such changes in degree: A boy of 9 years, only child of wealthy parents who idolized him and treated him like the proverbial one chicken of the hen, was refracted after thorough cycloplegia by 1 per cent. sol. atrop. three times daily for 8 days, and making allowance of but 0.50D, glasses of plus 400D, were prescribed for constant wear, giving at this time visual acuteness of 20-20, with binocular single vision. These glasses were worn constantly for two years, with an eminent degree of comfort and satisfaction. The little patient was seen frequently and the refraction estimated again and again without finding any necessity for a change in the correcting glasses. Two years after they were first adjusted, when the boy was 11 years old, he had a severe attack of scarlet fever, followed by measles, and was confined to the house for nearly three months, making a slow recovery. Upon trying to resume

*Read before the Southern California Medical Society, May 3, 1900.

school attendance his mother brought him saying he could not be induced to wear his glasses, which caused her much anxiety, because previously (before his illness) he was very glad to have them on. A casual examination showed such marked decrease in the H. that he was placed under cycloplegic and refracted again, with the result of practical E., there now being less than 1-4 D. of H., both eyes approximately alike, as they had been at other tests. A series of examinations extending over 6 years has shown no further change, nor has there at any time been other than a physiological condition present in the eye, although I must acknowledge an hiatus in the record of nearly six months covering the three months immediately preceding his illness and the time he was confined to the house.

Here was an increase in the axial dimension of the eye-ball of nearly one and one-fourth millimeters taking place certainly within six months, and as there had been no complaint previous to the acute illness of the boy, probably within three months without any other disturbance than accompanies a similar proportionate growth in any other part of the body.

Mrs. N., aged 32, American parentage, consulted me in 1893 by advice of her family physician for chronic conjunctivitis. Examination showed H. conjunctivitis, blepharitis, asthenopia, etc. During her treatment she was refracted, and allowing 0.25 D from the actual refraction, she was given right eye, plus 0.75, left eye, plus 1.00 for constant year. Vision with these lenses being 20-15 with each eye, binocular single vision with orthophoria. After adjustment of lenses her condition so improved that she considered herself cured and returned to her home some distance away.

In 1896 she returned and reported glasses perfectly satisfactory up to

within a few weeks, but some of the old discomfort in reading had returned, with occipital pain of marked severity, aggravated by attempts to use eyes at close work of any kind, but always present to some degree. The refraction of the eye proving quite unsatisfactory she was given one per cent. atropiae solution three times daily for a week, and the test still being far from satisfactory, twice a day for two weeks longer, and she was refracted by two confreres in consultation with an absolutely coincident result of, right eye plus 0.50, combined with plus 0.50 cyl. axis horizontal; left eye plus 1.00. Left hyperphoria of from one to four degrees, neither uniform nor constant, lenses, according to formula R. E., plus 0.25, combined with plus 0.50 axis horizontal, L. E. plus 0.75 were prescribed and were satisfactory for nearly three years. While visiting this State early in 1899 she again consulted me, with asthenopic symptoms, but as there appeared to be no change in refractive condition, and the heterophoria had disappeared, a very thorough general examination was made to locate the cause of reflex irritation. A cystic ovary the size of an orange was discovered and the diagnosis having been confirmed by her family physician in the East, it was removed by the abdominal route.

In January of the present year, reading, which had been comfortable since her ovariectomy, became impossible, and other reflex irritations were making life unbearable, when, having made her home in California, she again consulted me. She was refracted under thorough cycloplegia with scopolamine, and the error was now found to be R. E. plus 0.50, with plus 0.75 axis horizontal V. equal twenty-fifteenths. L. E. plus 1.00 with plus 0.25 axis horizontal V. equal twenty-fifteenths.

Two pairs of glasses were prescribed, those for distance being R. E. plus

0.75, axis horizontal, R. E. plus 0.50 with plus 0.25, axis horizontal, and those for reading, half a diopter stronger.

An almost immediate and practically complete cessation of asthenopia and

reflexes seemed to show that the cause lay in eye-strain.

The special points of interest causing me to report these two cases are the radical changes in the shape of the eyeball occurring without local pathological conditions.

SELECTED.

DEPARTMENT OF MEDICINE

UNDER THE CHARGE OF DR. NORMAN BRIDGE, -PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, AND J. LEE HAGADORN, M.D.

THE TREATMENT OF CATARRHAL CONJUNCTIVITIS. By Milton P. Creel, M. D., Central City, Ky.—Either as it appears as a simple catarrhal inflammation of the conjunctiva, affecting one individual, or when it is encountered in an epidemic, there is no doubt but that catarrhal conjunctivitis is an affection of great importance. This affection is essentially simple, but if allowed to go along without correct treatment it may terminate in entire loss of vision. However, if the affection be given proper and timely attention it yields with great readiness to treatment.

Either as simple catarrhal conjunctivitis seen in a single individual, or when the affection manifests itself in the epidemic form the treatment is essentially the same. Of course, individual peculiarities in each case make certain indications fitting and even imperative. One thing which a large experience with the disease has taught me is, that prompt and systematic treatment must be instituted in every case. Often patients with strumous diathesis will have chronic conjunctivitis, and persons whose health is poor will

also have protracted forms of the affection, with the loss or great impairment of sight, when if proper and timely treatment had been instituted a cure could have been effected within a very short time. In the treatment of catarrhal conjunctivitis there have been many mischievous measures brought to bear.

All and everything which produces irritation will render all the elements in the case worse. We must never employ strong solutions. A lotion composed of 10 grains of sulphate of zinc to an ounce of distilled water will aggravate any case. All lotions must of necessity be mild and soothing.

As a curative means I have come now to rely on what I term the antiseptic treatment. This has been productive of better results in my hands than the old-time remedies.

In carrying out this treatment I first have the nurse to bathe the eyes thoroughly with this antiseptic mixture:

R Hydrozone, dr. j.

Aqua, q. s. ad oz. iv.

This mixture is used three or four times daily, as the case may appear to demand. Just as often as this mix-

ture has been copiously applied and the eyelids have been dried, I apply, by means of an ordinary glass medicine dropper, two drops of Marchand's Eye Balsam.

This remedy reaches every part of the conjunctiva by the movements of the lids, and it is not irritating; the patient generally makes rapid progress to recovery.

By this treatment I have found my patients to recover in from thirty-six hours to three days. In fact, my success has been such that I now rely upon this treatment entirely in this affection.

Four months ago an epidemic of catarrhal conjunctivitis broke out in a boarding school. I was called and ordered these remedies used on every case that presents itself. The nuns told me that all the cases got well speedily.

Mr. Samuel S., aged 39. This patient had been suffering, as he put it, with "sore eyes" for three days. It was a simple case of catarrhal conjunctivitis, but gave him great discomfort. On the treatment described above entirely recovered in two days.

Mrs. Laura S., aged 22. This patient thought she had something in her eye, but examination revealed catarrhal conjunctivitis. On this treatment she made a speedy recovery.

These are only two of the several hundred cases treated on the antiseptic principles.—Medical Summary.

THE WIDAL TEST.—According to William Ophuls in the Occidental Medical Times for April, the Widal test is a valuable measure in the positive diagnosis of typhoid fever.

He says that a certain dilution is not so important as the use of an appropriate time limit with the dilution chosen.

Only an absolutely perfect reaction, that is, complete immobilization and uniform clumping should count in making a diagnosis.

By adhering to this rule Widal claims not to have made any mistakes in 390 controls, although he still adheres to the old-fashioned dilution of 1 to 10.

After examining the objections to the method, he comes to the following conclusions, which do not differ materially from those originally formulated by Widal.

The test ought to be made with a fixed dilution and a proper time limit.

When it is possible to exclude the possibility of a former attack, the presence of the reaction is positive evidence of an infection with typhoid fever bacilli, e. g., in 999 out of 1000 cases of the presence of typhoid fever. A negative reaction does not exclude typhoid fever, but the presence of the disease becomes the less likely, the later in the course of the disease the test remains negative. It is, therefore, advisable to make repeated examinations in all suspicious cases.

DEPARTMENT OF PROCTOLOGY.

UNDER THE DIRECTION OF WELLINGTON BURKE, M.D., LOS ANGELES, CAL.

THE EXTIRPATION OF CANCER OF THE RECTUM BY THE ABDOMINO-PERINEAL ROUTE. By M. Quenu, Paris. The author divides rectal carcinomata into three classes, according to the location—low, middle,

and high. For the first group he advocates the perineal route; for the third, the abdomino-perineal route. For the second group, Quenu formerly operated by the sacral route, Kraskie's operation. Lately he has completely

renounced this, as he claims that the rectum can be resected from the perineum for a distance of fifteen or sixteen centimeters. The rectum must be resected at least six or seven centimeters above the growth, so the perineal route is only applicable in those cases in which the upper boundary of the tumor lies within eight or ten centimeters of the anus. In all other cases the abdomino-perineal route is to be employed. By this method, while it is true that the patient is left with a permanent artificial anus in the iliac region, the prospect of radically removing all of the growth is much more favorable than by other methods. It is conceded that this operation is more formidable than others, but with modern operative technique this should not be an objection. There are two conditions which are essential for the success of the procedure, asepsis both during the operation and throughout the after treatment, and hemostasis. To insure the latter, ligature of both internal iliacs is recommended.

Quenu proceeds as follows: The abdomen is opened in the median line with the patient in the pelvic position. The right internal iliac artery is exposed and ligated one centimeter below the bifurcation of the common iliac. Care must be taken to avoid the ureter. This may be avoided by incising the peritoneum somewhat internal to the vessels and then palpating the artery. The left internal iliac is then ligated. In order to reach this it is either necessary to incise the mesosigmoid overlying it and then incise the parietal peritoneum, or, in

case of a long meso-sigmoid, the flexure may be turned upward and the vessels approached directly. While ligating the vessels, enlarged glands are searched for and removed. Having protected the abdominal cavity against infection, the sigmoid flexure is divided between two strong silk ligatures. The cut edges are disinfected and wrapped in iodoform gauze. The upper end of the sigmoid is at once sutured in an incision in the left iliac region. The ligature which closes its lumen is usually not removed until the third day. While an assistant puts the rectum and sigmoid upon the stretch by drawing it in the direction of the pubes, the mesorectum at either side is freed and the band which contains the hemorrhoidal vessels ligated. This is felt by the finger passing downward from the promontory of the sacrum. The rectum is bluntly loosened from the sacrum as far in a downward direction as possible, and the recto-vesical or recto-uterine pouch incised at once, if possible. The rectum is wrapped in gauze and the abdominal wound closed. The bowel is loosened completely from below and removed. The resulting cavity is tamponed and the skin wound partly sutured.

The author claims for this method certainty of asepsis, radical removal of all affected tissue, and consequently better prospects for permanent cure, rapid recovery after operation, and the absence of shock.—*Bulletin et Memoirs de la Societe de Chirurgie de Paris*, xxxiv, 706. (Russell S. Fowler, N. Y. Surg. Progress.)

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

Death of Doctor Skene.

We have received a personal letter from Dr. John A. McCorkle, the well-known professor of the practice of medicine in the Long Island College Hospital, in which he says: "No doubt ere this reaches you the news of Dr. Skene's death will be known to you. He died suddenly at his country home in the Catskills, Wednesday night, July 4, and we have had no direct word since. He was one of nature's noblemen and a loss to Brooklyn and the medical profession." The sentiment expressed by Doctor McCorkle in regard to Doctor Skene is the sentiment of all who were fortunate enough to have come in contact with him. He was a man whose heart beat in sym-

pathy with everything that tended to the uplifting of human kind. He came from a noted Scotch family, and was born in 1838 in the Parish of Fyrth, Aberdeenshire, but came to the United States when he was nineteen years old. His bright Scotchy ways and Scoten accent were attractive features in his public lectures, as well as in private conversation. He took his medical degree from the Long Island College Hospital in 1863, and immediately offered his services to President Lincoln for duty in the Civil War, and was sent to the front as a surgeon. While in the army he evolved a plan for an hospital corps, which is today in use in the army and in the National Guard. Since the war he has been continuously a teacher of gynecology in

the Long Island College Hospital. He became one of the most noted gynecologists in the world, and his superior skill as an operator was universally acknowledged. He was enthusiastic in all his tendencies, and as an illustration of his keen practical philanthropic spirit, he was, at the time of his death, just inaugurating the establishment of a great hospital in New York City, which, in a letter he wrote to us, he called "The Bread Winners' Hospital." It was to have no taint of pity or charity in it, but was to supply working women with the best of skill and care, at a figure that they could afford to pay and still keep their self-respect.

Dr. Skene was eminently a friend of the young, struggling professional man, and there are thousands of us who are alumni of the Long Island College Hospital, who remember with the deepest gratitude the ever ready, kindly helping hand that he invariably extended to us in our early days.

His work on gynecology has gone through several editions, and, while it was a pioneer in that field, yet, through the progressiveness of its author, it is today well abreast of the times.

His work on medical gynecology is a protest against the tendency to make all gynecology surgical, and every practitioner can read it with profit. His late work on the use of the electric cautery in surgery will be more and more appreciated as a valuable step forward as the years roll by. He was of a literary and artistic nature and wrote many beautiful things of a sociological nature. He was also, as the

New York Medical Journal says, a sculptor of no mean ability. The cause of his death was angina pectoris. L.

Shall Surgeons be Gentlemen?

The Doctors' Magazine for July editorially says:

"The Southern California Practitioner—quite justly, as observation proves—takes vigorous exception to a lack of seriousness, even flippancy, all too common among surgeons. The editor stigmatizes in no uncertain language the tendency to unseemly levity with which frequenters of the arena are familiar, which not only derogates from the high plane of professional dignity but often awakens in the minds of the audience feelings akin to contempt. Even so noted a lecturer as the late Dr. Oliver Wendell Holmes, according to authentic hearers, was not immune from the petty conceits of the class-room, and it is by no means uncommon to witness scenes and listen to conversation during serious clinics which gentlemen elsewhere would be ashamed to confess.

"The laity has little respect, as a rule, for what they term the "butchery" of the operating room, nor is sensibility usually ascribed to the typical 'Sawbones.' To bring wanton discredit upon a noble profession by catering to the risibility of youth—not to mention graver offenses to reason and modesty—merits the strongest condemnation. What can be expected of pupils accustomed to the shallow quips and jibes of the lecturer uttered in presence of human suffering and crises involving perhaps life itself? Simply that they will acquire a con-

tempt for the graver aspect of their profession, assimilating a certain callousness of feeling imparted by the instructor's execrable taste and most unreasonable jocosity. It is in vain to arrogate to one's self a sensibility belied by fact. Men often lack common sense and decency; there is no special prerogative of virtue pertaining to the surgical profession of the arena—or are pain and the solemn anxiety of mortals of less consequence than the lecturer's cap and bells?"

General Cocaine Anesthesia Through Spinal Cord.

The Doctors' Magazine for July says: "The injection of cocaine into the spinal cord for general surgical anesthesia is practiced in Paris by Dr. Tuffier with excellent results.

"Dr. Tuffier introduces his needle, usually, between the second and third lumbar vertebrae, sometimes lower, but never higher, and pushes the needle forward carefully, until there is an escape of cerebro-spinal fluid; then he injects two centigrammes of a freshly sterilized 2 per cent. solution of cocaine. There is usually complete anesthesia within ten minutes after the injection, varying a little in different individuals.

"Dr. Tuffier records sixty-three cases operated upon by this method of anesthesia without a single accident. The ages range from 15 to 65 years. Among the operations performed were amputations of the leg and foot, perineorrhaphy, vaginal hysterectomy, appendectomy, oöphorectomy, removal of a mesenteric cyst and nephrotomy.

The accompanying photographs represent an operation on a patient with pyosalpinx. It was a peculiar spectacle to see the patient wide awake and talking to some of the assistants, while her abdomen was being opened. Dr. Tuffier said: 'Not only have the patients recovered from the cocaine, but they all recovered from their respective maladies.' 'But of course,' he said, 'that's very lucky.'"

Abortion in the Tuberculous.

The distinguished specialist, Dr. S. A. Knopf, in an article in the Medical Record, January 27, 1900, says:

"An important issue, which will present itself more frequently to the family physician than to any one else, is the question of prevention of conception when either one of the married partners suffers from pulmonary tuberculosis. Knopf has no hesitation in declaring publicly his position in this matter. To cut short a conception in a tuberculous mother is useless; she has a better chance of getting well left alone, and if a thorough dietetic and hygienic treatment is immediately instituted and prolonged for at least a year after confinement. Of course, it goes without saying that the tuberculous mother is not to nurse her child. Thus through a very judicious management two lives have a chance to be spared, while through abortive proceedings both mother and child would most likely succumb. On the other hand, when it comes to the prevention of conception in a tuberculous woman, or from a tuberculous man, Knopf believes it is the sacred duty

of the family physician, to teach these people legitimate means that they may not bring into life, a being tainted with predisposition to this disease. Furthermore, there is no doubt that the pregnant state in a tuberculous woman, while it may temporarily arrest the disease, causes in the majority of cases a more rapid decline after confinement. In view of our present knowledge of tuberculosis, he believes that to teach a tuberculous man or woman how to prevent conception is not a sin before either God or man."

Medical Officers Needed.

Gen. Sternberg says that 100 additional medical officers are wanted by the Surgeon-General for duty in the Philippines and China. He says that only graduates of reputable medical colleges with experience and under 40 years of age will be accepted.

Here is the golden opportunity for our young graduates. Go in and win!

Our Doctors in China.

Dr. Maude Mackey, U. S. C. 1898, was appointed a medical missionary to Pao-ting Fu, China, and left Los Angeles early in the spring of 1900 for that place. She was last heard from at Peking, on May 30, 1900. Whether she went to Pao-ting Fu later, and was massacred, is not known, but her fate is uncertain at this time.

Dr. Gertrude Taft, U. S. C. 1892, has been heard from. She cabled her anxious parents, who live in Los Angeles, from Yokohama, Japan, that she was safe in that city.

These two women are estimable and

noble physicians. It is to be hoped that Dr. Mackey is safe in Peking.

Pasadena Medical Society.

At the Pasadena Medical Society meeting, July 10, Dr. Croftan reported a case of coli-infection of the bladder, which had previously been diagnosed as a typhoid infection. The patient, who had been ill for years, is now quite recovered, and the Doctor thinks there was an element of hysteria about the case.

Drs. Bridge, Croftan and McBride gave an interesting description of the Washington Congress, and the American Medical Association. Dr. Bridge thought that the lesson taught medically and surgically was, that the truly successful physicians and surgeons are and will be those who give most attention to pathology. Dr. McBride spoke especially of the neurological sections and of some of the interesting cases reported. Dr. Croftan spoke of the papers on the role of the mosquito in the propagation of malaria.

A large portion of the evening was spent discussing that portion of our new city charter that deals with sanitary matters, the duties of the Board of Health, etc., etc.

There were twenty-three members present.

J. E. JANES, M. D., Sec.

It is reported on good authority that bubonic plague has broken out in London, yellow fever in Tampa, and it is certain that smallpox and typhoid are decimating the Alaskan miners at Nome and vicinity.

Discussion of Papers Read Before Southern California Medical So- ciety Meeting, May 2 and 3, 1900.

PAPER.

Dr. George L. Cole, of Los Angeles:
"Organic Cardiac Troubles."

DISCUSSIONS.

Dr. John R. Haynes, Los Angeles:

The subject chosen is exceedingly interesting, but most of the cases are disheartening to the practitioner, as the outcome is hopeless to the patient, who is doomed to drag out a miserable existence, and whose life of suffering is prolonged, doubtless, by the stimulants administered by the physician.

Drugs are of little avail, but outdoor life, good food, appropriate exercise and freedom from care are the remedial agents best calculated to ameliorate their condition.

Dr. F. Gundrum, Riverside:

I should like to emphasize the statement that the loudness of the murmur is no criterion of its virulency. I know of a remarkable case of a physician who had a murmur so loud that it could be recognized without putting the ear to the chest, and on the application of the ear it could be heard all over the thorax. Some fifty-five years ago he had been examined and told that he could not live one year. At the age of 76 he was apparently healthy and rugged, and so far from suffering any inconvenience from his malady, he was able to run up stairs without suffering from dyspnea.

Care should be exercised in informing people that they have heart disease. Ofttimes it may be the part of wisdom to make only a clinical record

of your discovery, else the impartation of that fact to the patient might be of a serious detriment to his physical welfare.

There is one remedy I have found to be of especial value in dropsical cases—American hemp.

Dr. F. R. Burnham, San Diego:

A retired physician in San Diego had a similar murmur. He went to San Francisco. There Dr. Herschfelder, after careful examination, pronounced it to be of pericardial origin and hence of little importance.

Geo. E. Abbott, Pasadena:

It is of vital importance to the welfare of the patient to diagnose the nature of the cardiac difficulty as early as possible. Frequently the existence of a heart lesion is discovered when making an examination for some other disease. I have sometimes ascertained the presence of heart disease when examining children who had been brought to me to be treated for a cough, the real cause of which was the existing cardiac condition.

I agree with the writer in his statement that the loudness of the murmur is no criterion as to its gravity. It is a well known fact that men can be capable of performing severe manual labor and yet upon examination it will be found that they have a cardiac murmur. One thing must not be forgotten, and that is that the heart is a muscle, and, like all muscles, is capable of being developed by appropriate exercise.

Dr. L. D. Johnson, Whittier:

This paper and discussion is of unusual interest to me, because I have on hand at the present time a case

of very pronounced valvular heart trouble—that of a young girl of thirteen who, at the age of seven, had a severe attack of inflammatory rheumatism. When I first saw her she was very edematous. Not only were the limbs involved, but there was ascites with such pronounced dyspnea that I thought she would die in a few hours or days. In this case I exhibited the usual remedies, digitalis, strychnine, elaterium and American hemp. I obtained pronounced relief by an incision into the feet, drawing off an astonishing amount of fluid. I am now using large doses of digitaline. I began with 1-60 of a grain and doubled the doses until finally I gave as high as 1-4 of a grain every three hours. The patient, though not entirely well, is very greatly improved and has been so since the inauguration of this treatment some six months ago.

Dr. F. D. Bullard, Los Angeles:

I have on hand now a case in which I am using the large doses of digitaline daily. I believe that digitaline should be pushed until we have its physiological effect, and that result should be the guide for the size of the dose administered.

Dr. W. W. Hitchcock, Los Angeles:

This is a subject which concerns us all. The relation of organic heart murmur to life expectancy is of special interest to life insurance companies. It is the custom of the companies to reject all who have organic heart murmurs. It seems to me, however, that the expectancy should depend upon the variety of the murmur present. We all know that many apparently healthy people enjoy a nor-

mal life, and yet have heart murmurs and would never know that they were diseased unless some doctor told them of it. Mitral regurgitation alone does not materially affect the probability of living out the expected term of life. Obstructive lesions, whether due to aortic or mitral stenosis, have a very marked bearing upon life expectancy, and should reject the patient. It is often debatable whether we should inform the patient of the existence of a heart trouble. Each individual case, however, must determine the physician what to do. On the one hand, patients ought not to be constantly informed that they have serious heart troubles, and on the other hand they should be told of its nature, if it is of such a character that a slight change in elevation might be fatal.

Dr. Geo. L. Cole, Los Angeles:

In reference to the case quoted by Dr. Burnham, I am of the opinion that, although it might have been a case of pericarditis, it probably was not, because pericardial murmurs are not apt to be persistent.

The seriousness of a heart murmur is determined, not by its loudness, but by the concomitant grave signs. Exercise in the treatment of heart difficulties should be used with discretion and never pushed to such an extent as to overwork the already flagging heart.

I think in Dr. Johnson's case, as long as there is no vomiting or signs of irritation, and the patient improves, that the treatment by large doses of digitaline should be continued, for I am assured that the proper way to use

this drug is to continue it in a dosage sufficiently large to produce the physiological effect. We often fail in the administration of digitalis by using it in quantities too small for that specific case. In certain forms of heart disease, especially in plethoric individuals, where the heart is overburdened by a supply of blood, and the pulmonary circulation is hampered by a possible edema, venesection is of the utmost value. I have in mind now two cases, one in which I removed twenty-eight and the other twenty-four ounces of blood, whose lives were undoubtedly saved by the timely resort to bleeding.

Life insurance companies are compelled to act on general principles, and whereas an individual case, which has been seen and watched by a physician, though suffering from a heart lesion, may be a proper risk, the examiner who sees the patient but once, usually, must be compelled to reject the individual if he detects in him a cardiac lesion.

PAPER.

Dr. William S. Fowler, Ventura: "Some Physiological Changes in Refractive Cases."

DISCUSSION.

Dr. Fred Baker, San Diego:

In spite of our earlier teachings that physiological changes in refraction did not occur, later experiences have demonstrated that they do take place and form a very important source of travail for the ophthalmologist. I find that corrections are needed every few years to give permanence to the relief. The second examination does not necessarily mean that the first one was

inaccurate, but rather that there may have been physiological changes brought about in the interim. However, it becomes incumbent upon physicians to exercise care in their statements to patients. Even after the examinations have been made under the influence of a cycloplegic, the results obtained may not be permanently correct. The first case that came under my observation was a change of four diopters. Atropin may fail in the first examination, because we fit the eye too soon, giving relief for the time being. Sufficient abnormality may remain, however, to cause uncomfortable reflex phenomena, and a slight change in the glasses will produce the needed relief.

Again, we may find that the glasses in a few years do not fit, because there has been a change in the shape of the eye. Sometimes it will be impossible to make a perfect refraction, on account of a severe spasm of the ciliary muscle, which the atropin cannot overcome.

Dr. W. W. Roberts, Pasadena:

I believe that the eyes should be examined every two years. While studying with Gould of Philadelphia, I was impressed by the fact that he never allowed a patient to go out of the office without cautioning him of the necessity of returning for another examination in the future. I have seen Gould make decided changes, not so much in the degree, as in the axis. Dr. Brainerd, Los Angeles:

I would like to ask the doctor whether the changes which he witnessed, might not have been due to some constitutional difficulties, and

that they were possibly pathological rather than physiological?

Dr. Geo. J. Lund, Los Angeles:

The babe is naturally hypermetropic and becomes myopic only after he learns to accommodate. These changes go on and we cannot always tell when they will stop, for the eye may change in length several millimeters.

Dr. Miller, Los Angeles:

Refractionists have long since observed that relaxation of the ciliary muscle is produced by atropin. I think that the cases in which it fails are very rare, the pathology very obscure and entirely eluding our observation. Such a pronounced change in the refractory media I think we can hardly call physiological, and yet we may not be able in this case to say just what the pathological condition is. Opticians assure the patient that they are prepared to correct all errors of refraction, and prevent all manner of ocular troubles; but the ophthalmologists encounter difficulties in the attainment of perfect refraction, and are frequently obliged to make a second examination.

Dr. W. S. Fowler, Ventura:

I agree with Dr. Miller, that sometimes it is difficult to say whether or not there is a pathological condition back of the physiological changes, in these refractive cases. I think we should insist that our patients submit to repeated examinations; but all of us have not the happy faculty possessed by Dr. Gould of saying disagreeable things to our patients in such a way as not to arouse their resentment.

Strange as it may seem, I have seen

instances where atropin acted at the same time both as a stimulant and as a mydriatic, cases which I shall hope to have the pleasure of seeing later

PAPER.

Dr. H. G. Brainerd, Los Angeles,
"Meningitis."

DISCUSSION.

Dr. P. J. Parker, San Diego:

While practicing at Fallbrook, I was frequently called upon to attend the Indians, and I noticed that if the children were sick with meningitis they died in a very few days. I noted also that offspring of tuberculous parents were more apt to be afflicted than the children of non-consumptives.

Dr. Rowell, San Bernardino:

During the recent epidemic of meningitis in San Bernardino I treated quite a number of cases. One recovered after the application of ice had been continued for ten days. I believe, however, that the prognosis in meningitis is exceedingly bad.

PAPER

Dr. W. W. Beckett, Los Angeles: "Appendicitis."

DISCUSSION.

Dr. George E. Abbott, Pasadena:

I have known several instances of operation in the interval between the attacks, which did badly afterwards, being troubled with considerable pain. I would like to ask the doctor if the cases have been followed long enough to ascertain if the beneficial results are permanent.

I believe that the incision should be made sufficiently large to allow the surgeon to operate easily.

Dr. C. W. Murphy, Los Angeles:

Since there is no way of telling clinically the simple catarrhal from the severer suppurative appendicitis, it is best to operate as soon as the diagnosis of appendicitis has been made. Opium should never be used, as it masks all the symptoms, pains, and tenderness, slows the pulse and lessens the temperature; and all this, too, when the appendix may be undergoing gangrenous degeneration.

Dr. F. C. E. Mattison, Pasadena:

If all operators had such good results, patients wouldn't be afraid to go under the surgeon's knife. Personally, I have seen no cases in which the attacks lessen in severity. In one instance I operated upon a person who had had fourteen attacks in as many years, and all that I found was adhesions binding the appendix down.

How are we to tell whether the case presenting the symptoms of appendicitis should be operated upon or not? I have seen several instances of recovery, where, appendicitis being diagnosed, it was decided not to operate, and the patients recovered. Some cases of appendicitis do not seem to need operation at all. I believe that in severe cases, where there has been an abscess and pus formation, that through-and-through drainage should be resorted to. I recently saw a patient who had a gangrenous appendix, and an abscess, and was in a very critical condition, with a temperature of $104\frac{1}{2}$. I opened the abscess, put in a gauze drain and made a counter-opening in the groin. The patient's condition was immediately improved; she made a complete recovery, and

there was tendency to hernia. I believe that such a bad case would better be well drained.

I remember one instance when a case was operated upon by myself, upon the twenty-first day. I believe I made the mistake here of putting in a through-and-through drainage, for the patient died; but in her case there were large gangrenous patches upon the bowels.

Dr. Follansbee, Los Angeles:

Dr. Beckett is now on his second fifty cases with but one death, and that a case operated upon the fourteenth day after the invasion.

I recall one instance which teaches me a lesson. A woman who gave a history of numerous attacks of inflammation of the bowels came under my observation some three years ago, and although I diagnosed appendicitis and suggested operation, the patient refused to consider my suggestion. Finally, the pains became so insistent that she consented; but at the operation it was found that malignant degeneration had begun in the intestines, and the operation was too late to be of avail. Therefore, in all such instances I am strongly in favor of an early operation.

Dr. Shurtleff, Los Angeles:

I believe that appendicitis is a surgical disease from start to finish, and that no one suffering from it is safe away from the surgeon. Whenever we have rigidity, localized pain over McBurney's point, we may be sure that we have a case of appendicitis. If rupture has already taken place, we should not flush the bowels, a mistake which I myself once made. Another

thing—don't remove the drainage too early, even though the dressings become very offensive.

With reference to the pain following appendicitis, I believe it to be due largely to adhesions. I recently operated upon a case for appendicitis in which the only pathological conditions found were adhesions. Here there was distinct malignant pain and colic. This case presented the unusual feature of a liver so enlarged as to reach McBurney's point. This had not been suspected, on account of the presence of a large amount of gas in the intestines.

I believe in operating early for appendicitis, and the sooner it is done the better.

Dr. F. W. Thomas, Claremont:

There are no exact rules formulated for our guidance, as to when operations should be performed. Sometimes the surgeon himself cannot answer that question, and must yield to the opinion of the friends; but if the condition is urgent, there is no question that the operation is indicated.

I had three attacks some six years ago. Two were very violent and the last one was not. Although so distinguished a surgeon as Dr. Wyeth said there was nothing the matter, yet within thirty days I was operated upon and there was removed a diseased appendix.

Discrimination should certainly be exercised and an operation not undertaken unless it is needed.

In reference to the post-operative pains spoken of by Dr. Abbott, I believe that they are the result of adhe-

sions. I have felt them somewhat myself, and never have felt exactly right in the right side since the operation.

I am aware that most people advise against opiates in appendicitis, but if you should have appendicitis yourself you most assuredly would demand it, for the pain is frequently violent.

My last case was a sad one. A clergyman, 44 years of age, had previously suffered undoubtedly from tuberculosis of the kidney, as the bacilli were found in the urine. He had entirely recovered, weighed over 200 pounds, and attended to his business. He, on a Saturday, had a slight attack. Upon Sunday he had a temperature of $101\frac{1}{2}$, and a pulse of 72, but felt so well that he wished to attend services, but, upon my advice, desisted. I gave him a few doses of calomel. The next morning he was very much worse, with his limbs drawn up, and in great distress. I decided to operate, but he died within three hours.

Dr. Beckett, Los Angeles (closing):

I believe that the post-operative pains are due to adhesions. As to the length of the incision it should be long enough for the surgeon to work with ease but no longer. Recurrent attacks may, or may not, increase with intensity. Through and through drainage I should have mentioned in the paper. If the pus is extensive (and I have known it to go beyond the kidney, and to reach the diaphragm), drainage should be resorted to.

With reference to Dr. Follansbee's remarks, I would say that numerous physicians have operated upon hun-

dreds of cases without a death, and doubtless, if I had had some of the severer cases, they, too, would have been fatal in my hands. It is to be regretted that we have no X-ray which can determine the presence of appendicitis, but I believe as soon as a diagnosis is made the operation should be demanded.

The appendix that I have presented today was from a boy with the following history: Monday night he complained of some pain. The next morning he had a little suffering, had vomited; the temperature was 100. Calomel was given and there was a slight evacuation, but as the child was no better, I was called in consultation. I found a temperature of only 100 2-10, but local tenderness. I diagnosed appendicitis and said that doubtless the next day the patient would feel better, but insisted upon operation. On the way to the hospital the boy felt better and slept upon the train. On reaching the hospital the operation was performed and this large diseased appendix removed, which we have before us today.

Editorial Notes.

The Medical Sentinel for July, 1900, contains a very good picture of Dr. Park Weed Willis, President of the Washington State Medical Society, who is located at Seattle. Dr. Willis was one of the honor men, a thorough gentleman, and my classmate at the University of Pennsylvania. C. G. S.

The Practitioner will print free of charge for subscribers, any notice pertaining to the sale of medical practice

or property. To others, the charge will be 15 cents per line; minimum charge, \$1 for each insertion. Address communications to "Medical Practice Editor," Southern California Practitioner, 315 W. Sixth street, Los Angeles, Cal.

Personal Notes.

Dr. Martha S. Case has gone on a visit to Denver.

Drs. Becher, Reynolds and Boyd have located in Los Angeles.

Dr. J. A. Munk of Los Angeles left in July for Willcox, Ariz., for a month.

Dr. W. W. Beckett had a very pleasant outing at Strawberry Valley in July.

Dr. E. J. Cook and wife have returned from a very pleasant visit to New Mexico.

Dr. J. C. Soloman of Los Angeles has gone to the Grand Canyon for an outing of several days.

Dr. and Mrs. F. R. Burnham of San Diego left the first week in July for a trip to Strawberry Valley.

Dr. and Mrs. F. C. Hennessy of San Diego have taken a cottage at Coronado Beach for the summer months.

Drs. W. W. Beckett, Walter Lindley, F. T. Bicknell and H. G. Brainerd were visitors at Strawberry Valley recently.

Dr. Hugo Kiefer who graduated from the Medical Department of the University of Pennsylvania in June, has opened offices in the Byrne Building.

Dr. Winslow Anderson of San Francisco, editor of the Pacific Medical Journal, has been appointed surgeon-general on the staff of Governor Gage.

Dr. J. Lee Hagadorn, one of the efficient staff of collaborators of the Practitioner, left early in August for a visit to Chicago hospitals and clinics.

Dr. W. H. Mayne, a graduate of the Los Angeles Medical College, has lo-

cated in Clarkville, New Mexico, as resident physician to a big mining company.

The article on "Smallpox," in the Practitioner for March, 1899, continues to be widely read and republished. It is from the pen of that able man, Granville McGowan, of Los Angeles.

Dr. W. Le Moyne Wills of Los Angeles read an interesting paper, entitled "External Drainage of Superficial Lung Cavities, with Report of Two Successful Cases," at the June meeting of the American Medical Association, at Atlantic City.

New Licentiates.

Office Board of Examiners Medical Society State of California.

1104 Van Ness Ave., San Francisco.

At a meeting held July 3rd, 1900, the following certificates were granted:

- 5601 Adams, Lemuel Payson, Swanton, Vt., Med. Dept. Univ. of Vermont, June 29, 1899.
- 5602 Alderson, Harry Everett, San Francisco, Med. Dept. Univ. of California, May 15, 1900.
- 5603 Ash, Rachel Leona, San Francisco, Med. Dept. Univ. of California, May 15, 1899.
- 5604 Atkinson, Henry H., San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5605 Bacigalupi, David E., San Francisco Med. Dept. Univ. of California, May 15, 1900.
- 5606 Becher, Max A., Los Angeles, Coll. Med. Univ. of Southern Cal., June 14, 1900.
- 5607 Bell, Charles Arthur, Alameda, Cooper Medical College, Cal., June 5, 1900.
- 5608 Burnett, Theodore Crete, Santa Barbara, Col. Phys. and Surgs., New York, May 12, 1887.
- 5609 Coryn, Herbert A. W., Point Loma, Royal College of Surg., England, July 24, 1889, Lic. Apothecaries' Society, London, Eng., Mar. 21, 1888.
- 5610 Cox, William C., Everett, Wash., Jefferson Medical College, Pa., April 2, 1885.
- 5611 Culver John Thayer, Oak Park, Coll. of Phys. and Surg., Chicago, Ill., April 18, 1900.
- 5612 Dabbons, Aime Mahan, Philadelphia, Jefferson Medical College, Pa., May 15, 1896.
- 5613 Davis, Grace Van, Portland, Or., Med. Dept. Univ. of Oregon, Or., April 3, 1900.
- 5614 Dillingham, Frank, Los Angeles, Coll. Med. Univ. of Southern Cal., June 14, 1900.
- 5615 Drake, Norman L., Lebanon, Conn., Med. Dept. Univ. City of New York, Mar. 22, 1891.
- 5616 Dudley, Hubert W., San Francisco, Central Coll. Phys. and Surg., Indiana, Mar. 1, 1899.
- 5617 Dunsmoor, John M., Los Angeles, Coll. Med. Univ. of Southern Cal., June 14, 1900.
- 5618 Dunsmoor, Nannie C., Los Angeles, Coll. Med. Univ. of Southern Cal., June 14, 1900.
- 5619 Eckardt, Albrecht Otto, San Jose, Medical Examining Board, Dresden, Germany, June 14, 1889.
- 5620 Fay, Wilbert Lee, Santa Rosa, Cooper Medical College, Cal., June 5, 1900.
- 5621 Fisher, Arthur Lawrence, San Francisco, John Hopkins Univ., Maryland, June 12, 1900.
- 5622 French, Edwin P., Mantesano, Wash., Detroit Coll. of Med., Michigan, Mar. 1, 1882.
- 5623 Gregory, Frank Starr, Klamathan, Cooper Medical College, Cal., June 5, 1900.
- 5624 Hall, James S., Los Angeles, Coll. Med. Univ. of Southern Cal., June 14, 1900.
- 5625 Hayes, Charles A., Los Angeles, Coll. Med. Univ. of Southern Cal., June 14, 1900.
- 5626 Howard, Joseph Louis, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5627 Howe, Gadsen Edward, Fort Bragg, Med. Coll. of South Carolina, Mar. 4, 1887.
- 5628 Irones, Rutherford B., San Francisco, Med. Dept. Univ. of California, May 15, 1900.
- 5629 James, Joseph William, Sacramento, Cooper Medical College, Cal., June 5, 1900.
- 5630 Joyce, Elizabeth Frances, Sonora, Coll. Med. Univ. of California, May 15, 1900.
- 5631 Kelso, John C., Pasadena, Coll. Med. Univ. Southern California, May 5, 1900.
- 5632 Krull, Frank, Clarksburg, Cooper Medical College, Cal., June 5, 1900.
- 5633 Lamson Chas. A., Corning, Dartmouth Med. Coll. New Hampshire, June 25, 1831.
- 5634 Lando, Milton Ellis, San Francisco, Cooper Med. Coll. Cal. June 15, 1900.
- 5635 Langdon, Samuel Walter Ross, San Francisco, Med. Dept. Univ. of California, May 15, 1900.
- 5636 Lazard, Edmund M., Los Angeles, Coll. Med. Univ. of Southern Cal., June 3, 1897.
- 5637 Lockard, Lorenzo B., Jr., Pasadena, Med. Dept. Univ. of Pennsylvania, Pa., June 7, 1894.
- 5638 Long, Stephen M., San Francisco, Albany Medical College New York, April 18, 1894.
- 5639 Maguire, Thomas M., San Francisco, Med. Dept. Univ. of California, May 15, 1900.

CHAS. C. WADSWORTH, M. D.,
Secretary.

BOOK REVIEWS

William Wood & Co. on August 15th will issue the first volume of what is practically a new work—"The Reference Handbook of the Medical Sciences." They have organized a new corps of editors and there will be in all about 500 contributors. Besides the usual illustrations, there will be a large number of chromo-lithographic plates. They are expending over \$200,000 in the regeneration of this popular work.

SURGICAL ANATOMY.—A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery. By John B. Deaver, M. D., Surgeon-in-Chief to the German Hospital, Philadelphia. In three volumes, illustrated by about 400 plates nearly all drawn for this work from original dissections. Volume II.—Neck Mouth, Pharynx, Larynx, Nose, Orbit, Eyeball, Organ of Hearing, Brain, Male Perineum, Female Perineum. P. Blakiston's Sons & Co., 1012 Walnut St., Philadelphia, Pa.

This is the second volume of the stupendous work by John B. Deaver of Philadelphia. Every lover of the ideal in book-making will be delighted to place this royal volume on his shelves. Like the first volume, it is profusely illustrated with original plates that are perfection in their line. The dissections of the membranes and vessels of the brain, and of the brain itself, and the dissections of the male perineum and of the female perineum, are all excellent, and give graphically the very points about which we all desire to refresh our memories when we approach the surgery of these tissues. While these volumes appear to be expensive, yet, at the same time, their usefulness will be permanent, as the anatomy of the body does not change. In placing them in our libraries, we realize that they will not be overshadowed within a year or two by a new edition.

In publishing this great work Dr. Deaver is really a public benefactor.

A MANUAL OF OBSTETRICS.—By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. In one 12mo. volume of 612 pages, with 264 illustrations. Cloth, \$2.50 net. Lea Brothers & Co., Publishers, Philadelphia, Pa., and New York.

This is a very useful handbook, which the author says he designs in particular for his own students, in the medical class of the Columbian University, Washington, and while it is designed for under graduates, it also gives in a condensed form just the information needed from time to time by the busy practitioner. The illustrations are all that could be expected, and particularly those in regard to the application of forceps and outlining the technique of external palpation.

FRACTURES.—By Carl Beck, M. D., Visiting Surgeon to St. Mark's Hospital and to the New York Poliklinik, etc., with an appendix on the practical use of the Roentgen Rays. 178 illustrations. 335 pages. Cloth, \$3.50 net. Philadelphia, W. B. Saunders, 1900.

Here we have another up-to-date work on fractures from one of our most progressive American surgeons, issued from the publishing house of W. B. Saunders & Co. The book before us takes advantage more thoroughly than any work yet published of the discoveries and advances of the Roentgen ray. All the common and some of the rare forms of fracture are repeated in this work by original X-ray photographs. The author believes that the X-ray has revolutionized the treatment of fractures. The introduction gives a resume of the use of the X-ray in the diagnosis and classification of fractures, and everywhere throughout the work the use of the X-ray is emphasized.

A PRACTICAL TREATISE ON THE SEXUAL DISORDERS OF THE MALE AND FEMALE.—New (2nd) edition. By Robert W. Taylor, M. D., Clinical Professor of Vene-

real Diseases in the College of Physicians and Surgeons, New York. In one handsome octavo volume of 435 pages, with 91 illustrations and 13 plates in colors and monochrome. Cloth, \$3.00 net. Lea Brothers & Co., Philadelphia and New York.

More than 80 pages are devoted to describing impotency in the male, and its various forms, causes, remote effects, and treatment fully discussed. Over 70 pages are allotted to a consideration of the various chronic affections of the male urethra, especially of the bulbous and prostatic portions, stricture and vesiculitis.

The author devotes one chapter to CONJUGAL ONANISM,

or withdrawal, introducing the subject by saying: "A not infrequent cause of ill health and well-marked neurasthenia, particularly in the male and in the youth in middle age, but also in the female, is that unnatural method of coitus which among us is called conjugal onanism, or withdrawal, and by Germans "*coitus reservatus vel interruptus*." This harmful practice is mostly followed by well-to-do, refined and educated people, and there is medical evidence at hand to

prove that it is a rather widely spread custom, both in the married and unmarried." It is in this work justly maintained that adhesions of the prepuce of the clitoris leads to many nervous disorders in women and girls, and in female masturbation the following directions are given: "In all cases where adhesions of the prepuce to the clitoris, whether partial or complete, are present, it is imperative to correct this defect at once. To this end it is first necessary to thoroughly irrigate the vagina and vulva with hot bichloride solution (1:5000 or 1:2000), then to cocainize the parts, and then by gentle taxis or by manipulation with a probe or the handle of a small bistoury to slowly disengage the enveloping tissues from the glans."

We had the importance of the above procedure impressed upon us years ago by the late Dr. Francis L. Haynes, and we never place a woman on the table without examining the clitoral prepuce. In half the cases there will be adhesions, covering smegma that has probably been causing irritation for years.

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INDICATIONS FOR SALFENE.

The greatest remedial value of Salfene is exhibited in states induced by exaltation of function of the cerebro spinal nerve centers, namely, in such conditions as spasms, convulsive and spasmodic coughs, irritation and spasm of the neck of the bladder, nervous irritability, wakefulness, cerebral hyperemia, ovarian neuralgia, dysmenorrhea, inflammations and in all abnormal conditions where there is an active circulation, as shown by the flushed face, contracted pupil, etc. Malaria, bilious and catarrhal fevers, with symptoms above named. It is a safe and useful hypnotic and antipyretic in children, especially when affected with

bronchitis or croupous pneumonia. The dose for children will vary from one-half a grain to two grains, every two or four hours as may be indicated.

AN AMERICAN REMEDY IN IRELAND.

The Antikamnia Chemical Company have forwarded to us from their London house, No. 46 Holborn Viaduct, samples of their five-grain antikamnia tablets, and also of antikamnia and codeine tablets. The former are so well known that it seems hardly necessary to do more than refer to them as an unequaled analgesic. The antikamnia and codeine tablets contain four and three-fourths grains of anti-

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kamnia and a quarter of a grain of codeine. This is a valuable combination, the synergetic effects being all that could be desired.—Extract from Dublin Medical Journal, March, 1900.

SANMETTO IN ENURESIS-NOCTURNA.

Dr. L. L. Gray, St. John, Mo., reports the outlines of a case of enuresis-nocturna, treated with Sanmetto several years ago. The case was that of a maid thirteen years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition, and keenly felt its effects—acted as though she thought every one she met knew her troubles, and consequently she was shy, unsociable, ashamed to be seen in company, and strangers would ask if she was entirely sane. He gave her a bottle of Sanmetto, told her mother to give her all assurance that it would cure her if properly taken. A second four-ounce prescription verified the truth of his statement. He says it did cure her for all time, and today she is a perfectly formed young lady, intelligent and sociable, the downcast countenance gone, and life is again worth living.

While eminent authorities continue to differ as to whether sterilization or pasteurization is best to employ in feeding infants, they all agree that milk as delivered to the consumer is a fruitful source of infection to bottle-fed children.

Some means must, therefore, be employed to rid the milk of germs, or the life of the infant is seriously impaired; for milk as it reaches the consumer is usually richer in bacteria than the sewage of our large cities. As secreted normal by the healthy cow, milk is free from bacterial life, but from the moment of drawing, and even during drawing, it is constantly ex-

posed to bacterial contamination of various sorts.

Either sterilization or pasteurization can be employed in the administration of Eskay's Albuminized Food. This food, containing egg-albumen as one of its ingredients, is an invaluable food in the treatment of gastro-intestinal troubles of infants.

W. A. Baker, M. D., Clark's Mills, Pa., says: I have had occasion to try Celerina, and am highly pleased with the results. I have used it with marked success in nervous prostration. A lady, 64 years of age, of nervous temperament, was stricken down with congestion of the right lung. After the congestion disappeared, her nervous system failed to recover, resulting in prostration. After trying several remedies, I commenced using Celerina and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition.

DYSMENORRHEA.

Dioivurnia is the remedy par-excellence in dysmenorrhœa, almost a specific in congestive form. Dose, dessertspoonful in hot water every two hours. In treatment of leucorrhea, metorrhagia, vomiting in pregnancy, miscarriage, threatened abortion, dioivurnia is unexcelled.

NON-DESCRIPTIVE.

In non-descriptive cases, where the symptoms are not positive locating the cause a combination of dioivurnia and neurosine equal parts will usually give immediate relief (dessertspoonful doses every three hours).

Subscribe for the Practitioner, the only medical journal publishing verbatim reports of the various county medical societies of Southern California. Write for premium offer.

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QUICK RESULTS.

In excited states due to over-activity of the cerebro-spinal centers, Salfene, the new antipyretic, in order to get quick action, should be given dissolved in Elixir Simplicis, as it requires a little alcohol to render it soluble. The dose for adults is five grains every three or four hours.

ESKAY'S FOOD.

In diluting cow's milk, while the proportion of casein is reduced to the proper quantity for digestion by the child, yet heretofore attention has scarcely been paid at all to the fact that this process also dilutes the lactalbumin. Unfortunately, this part of the proteid matter cannot be easily separated from cow's milk, and a substitute must therefore be found. Nature affords us this substitute in egg-albumen, which is chemically a very closely related substance, while its physiological similarity can be seen in its digestibility.

Eskay's Food contains egg-albumen and it therefore is the best means to employ for the modification of cow's milk.

SPERMATORRHEA.

Having a case of spermatorrhea of several years' standing, which came under my care about nine months ago, I prescribed the usual remedies in this case, viz., bromide potash, ergot, ferrum, digitalis, belladonna and cimicifuga, with very unsatisfactory results. Seeing your preparation, Celerina, recommended for this affection, I procured some, and administered it in this case with such marked results after the use of the first bottle, that I immediately ordered two more bottles, which have entirely cured him of this affliction. I have two other patients now under treatment with

Celerina which are progressing very favorably. After a practice of twenty-nine years I have no hesitancy in saying that it is the most effectual remedy that I ever prescribed in the above disease.—H. E. Raub, M. D., Quarryville, Pa.

FOOD THEORY OF MEDICINE.

Walter Emery Merrill, M. D., U. S. Marine Hospital Service, says: "Among the advanced members of our profession I believe the drug tissue-feeding theory no longer obtains. And rightly so, for it has not been proved that medicine is ever, in itself, a food. The large number of malarial cases emanating from the tropics are cured in the Marine Hospital service, not by tissue-feeding, but by ridding the system of the intruder and directing the vital forces along the lines of repair. This I find to be best done by the frequent and judicious administration of laxative antikamnia and quinine tablets."

SANGUIFERRIN IN WASTING DISEASES.

John J. Harris, M. D., 1000 Manchester Ave., St. Louis, Mo., writes: "I have recently used with satisfactory results your Sanguiferrin (Liquid Haemoglobin, combined with iron and manganese), and can cheerfully recommend it to the profession. I consider it especially beneficial in diseases of women, when there are exhaustive demands upon the system; also in Anemia, Chlorosis, Leukemia and wasting diseases.

SANMETTO IN HEMATURIA.

E. B. Gilbert, M. D., Ph. D., of Carbon, Texas, writing, says: "I used Sanmetto on a patient who had hematuria of long standing, and it gave the very best of results. The gentleman came back to my office about ten

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days after I prescribed Sanmetto for him, and said he had tried four doctors (naming them), and had gotten no good results, but that I had cured him. He being a very influential man, and I being a young physician, it has been worth quite a lot to me in the way of practice. I have on hand at present three genito-urinary cases, who came to me for treatment, as a result of the success I had on that special patient, who would otherwise have gone to their family physicians."

INTESTINAL REST IN TYPHOID.

It is an axiomatic principle in both surgery and medicine that a congested or inflamed part needs rest.

The surgeon recognizes this when he immobilizes the fractured bone and retains the fragments in apposition; the physician likewise appreciates the great importance of this principle in cases of gastric ulcer when he feeds his patient by the rectum in order to avoid irritating the inflamed part, either directly, or by exciting gastric motility. Although typhoid fever is essentially a systemic disease, its characteristic local lesion is the intestinal ulcer, which should, as far as possible, be kept at rest. Milk, which has heretofore been regarded as the only proper exclusive food, is, as a recent writer says, "not a liquid diet, but a deceptive solid"—capable of filling the small intestines with dense, indigestible curds which scratch and irritate the ulcerated bowel, and in addition ferment and cause gaseous distention, tympanites, etc. Liquid Peptonoids, on the other hand, is open to none of these objections. Its administration affords rest to the ulcerated intestinal tract, because:

1st. It is pre-digested and therefore promptly absorbed from the stomach, leaving no residue for the bowel to dispose of.

2d. No curds are formed as from milk.

3d. It is absolutely aseptic and cannot cause fermentation, tympanites or increased peristalsis, resulting in diarrhea.

4th. It has the requisite nutritive power to maintain life for weeks and even months, especially in febrile conditions.

Another advantage of Liquid Peptonoids is its palatability, which renders it grateful to the patient, especially when given ice cold.

From one to two tablespoonfuls every two, three or four hours, should be given as necessary. When an efficient intestinal antiseptic is required, as it very frequently is in this disease, Liquid Peptonoids with Creasote provides both food and remedy at one and the same time. The unpleasant taste of the Creasote is almost entirely abolished in this combination. Each tablespoonful contains two minims of pure beechwood creasote and one minim of guaiacol, its active principle.

HOW TO TREAT HAY FEVER.

In all acute attacks I rely almost exclusively on Blennostasine. This is made by McKesson & Robbins, and can be given in pill from three to five grains. The action of the drug is rapid and produces a splendid effect in aborting or breaking up these acute conditions. The excessive mucus secretions are arrested and the sneezing ceases. A mild acid nasal spray or an antiseptic ointment may be used. The use of Blennostasine and a rigid anti-uric diet is the medical treatment I rely on. The action of the drug should be carefully noted in order that no bad effect may be produced. Under its use the mucus disappears. It is non-toxic and is much preferred to Belladonna. Five grains administered at night prevents accumulations of nasal secretions and gives the patient much-needed rest.

H. FOSTER, M. D.
Kansas City, Mo.

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REPORT OF A CASE OF FIBROMA INVOLVING TYMPANIC CAVITY.*

BY E. W. FLEMING, M. D., LOS ANGELES, CAL.

Fibromata developed in the most diverse parts of the body are extremely common; cases, however, of fibroid tumor involving the middle ear are sufficiently rare to deserve record.

The patient, a male, forty years of age and in rather poor general condition, consulted me July 27, 1899, for an affection of the left ear of recent date. About one month previously he noticed a sensation of fullness in the left ear which became more intense each day. This was the first intimation that he received that his ear was not perfectly sound in all respects. In the course of a few days a slight discharge of pus was noticed and a rather solid fleshy mass could be felt with the finger near the outer orifice. The progress of the growth was very rapid, filling the auditory canal and extending outward to the plane of the cartilaginous meatus in about twelve days

from the time it was discovered by the patient. On examination I found a fairly solid tumor-like mass, growing outward from the depths of the external auditory canal and almost filling the concha. The visible portion of the tumor was about the size of a small walnut, coarsely lobulated and dark red in color. Blood vessels coursing near the surface, gave evidence of its extremely rich vascular supply. The tumor was only slightly movable, and highly sensitive to deep manipulations with the probe. It was so tightly wedged into the lumen of the canal that it was impossible to make out the exact point of origin, save that the posterior-superior wall of the bony canal was at least one point of fixation. There was well marked deafness on the affected side. Watch heard on contact. Rinne negative; Weber heard to the left; mastoid normal; cervical

*Read before the Southern California Medical Society, May 3, 1900.

glands not enlarged. The right ear was normal. I advised that a section of the growth be removed for microscopical examination. Accordingly cocaine and suprarenal extract solutions were alternately applied and a large section of the growth removed by means of the cold wire snare. A copious hemorrhage followed, which was stopped with a compact tampon of iodoform gauze. The specimen was submitted to Dr. Stanley Black for microscopical examination. He pronounced the growth a true fibroma. Patient was advised to go to the hospital and submit to a radical operation, but declined to do so. During the following six weeks the treatment of the growth was limited to the employment of the cold wire snare, by means of which fragments of the growth were removed, and the application of the galvano-cautery. This very materially reduced the size of the growth, leaving the cartilaginous portion of the canal free. It was now clearly evident, however, that the growth extended beyond the depths of the bony canal. Owing to the depressed and nervous state of the patient he was given a two weeks' rest from all treatment. Following this, examination showed that there had been a rapid recurrence, the tumor being almost as large as when first seen.

OPERATION

At the California Hospital was undertaken on October 2d, with the assistance of Dr. W. W. Beckett and Dr. F. D. Bullard. Owing to the size of the growth and to gain more ready access to the deeper parts, an incision was made over the mastoid, parallel to the insertion of the auricle, together with a forward dissection of the integuments from the underlying periosteum and division of the fibro-cartilaginous tube. This detached the auricle and cartilaginous meatus posteriorly and gave direct access to

the osseous portion of the external auditory canal. It was now clearly seen that the growth filled the tympanic cavity, and was attached to it, as well as to the posterior wall of the bony canal. There was no evidence of the drum membrane. The mass was surrounded with a loop of number five piano wire and deliberately excised. The base, which apparently occupied the posterior aspect of the tympanum, was carefully scraped and the thermo-cautery applied over the bleeding surfaces. The operation was concluded by lightly packing the meatus, the periosteum replaced and retained by absorbent sutures; the auricle stitched into position and an aseptic dressing applied over the ear and mastoid. Five days after the operation the dressings were removed, when it was found that primary union had taken place in the upper part of the wound over the mastoid, and that the auricle was properly in place. There was no visible evidence of obstruction either in the auditory canal or middle ear and only a slight mucopurulent discharge. For about two weeks matters seemed to progress very well, when granulation tissue rapidly developed, and, notwithstanding successive cauterizations and other measures according to the rules of general surgery, steadily encroached on the lumen of the deep canal. A curettment was done under chloroform and the parts once more rendered free and open. This was the finish of my direct connection with the case, for the patient very soon after developed acute articular rheumatism, with high fever, which completely prostrated him for over six weeks. An incident of his illness was the development of a large abscess located on a level with and to the left of the tip of the coccyx.

January 16th, 1900, at the request of the attending physician, I visited the patient at the Christian Hospital. The

ear was examined and the following notes were made: "With the exception of a small sinus, through which issues stringy muco-pus, the external auditory canal is closed. The obstructing tissue appears to be fairly organized granulation tissue, having none of the characteristics of the original growth. Small pouting granulations at the orifice of the sinus. Patient is now gaining strength rapidly, and says he has at no time experienced any ear pain or other head symptoms."

February 27th, just seven months from the time I first saw him, patient presented himself at my office. He said he felt better and weighed more than he had for several years. The condition of the ear was the same as when seen six weeks previously. Further local treatment was advised, but patient declined to have anything done for the present.

The gross appearance of the structure of the growth at the time of its removal by operation was such as to excite a suspicion that it might be ma-

lignant. The previous microscopic examination, however, together with the fact of some seven months having elapsed without evidence of active malignity, and the decided improvement in general bodily health, argues against malignity. The growth was strongly attached to the walls of the tympanic cavity and bony canal, and I am not prepared to say from which it primarily occurred.

The special points of interest in this case appear to be, first, the nature of the tumor; second, its extreme vascularity and rapid growth after partial removal; pointing alike to possible malignancy; and, third, its unusual location.

Extensive sacrifice of the tissues lining the bony canal in any case inevitably leads to cicatricial contraction more or less occlusive. Persevering after treatment, specially with the assistance of skin grafts, may limit this to a minimum in a way in which circumstances prevented in the case detailed.

OCCIPITO-POSTERIOR POSITIONS.*

BY IDRIS B. GREGORY, M. D., ONTARIO CAL.

It is very difficult to make an accurate estimate of the frequency of occipito-posterior positions, as in many of these cases anterior rotation occurs before the condition is recognized and the peculiar position of the occiput after external rotation is complete, passes unnoticed.

The percentage of cases in which rotation under the pubic arch does not finally take place is very small. Naegle gives seventeen cases out of twelve hundred and forty-four, while other observers make the ratio somewhat higher.

In ordinary cases the diagnosis is

not difficult. On palpation the fetus is found lying deep in either the right or left lateral segment of the uterus, much more frequently the right, with less resistance over the pubes and an absence of the regular outline found in the anterior positions.

The smaller parts are more easily located in one of the upper segments, the maximum intensity of the fetal heart sounds is posterior to a line extending from the umbilicus to the anterior superior spine, instead of near its center, as in the corresponding anterior positions. The posterior fontanelle lies towards the back and the sagittal su-

*Read before the Southern California Medical Society, May 3, 1900.

ture is in one of the oblique diameters. Among the conditions which tend to obscure the diagnosis are an excess of adipose tissue, a tendency to unusual contraction of the abdominal muscles, and the presence of tumors. In one case a very large interstitial fibroid in the anterior uterine wall resembled so closely the posterior surface of the child as to make the result of the vaginal examination almost incredible.

In many cases labor is delayed somewhat beyond the expected time with occasional premonitory pains, which, while quite severe at times, disappear for several hours or days.

When labor has actually begun, in cases where there is no marked disproportion between the fetus and pelvis, nagging pains, continuing for some time, with little or no descent of the head or dilatation of the cervix, should arouse suspicions of insufficient flexion with or without a posterior position, and a thorough examination should be made under complete anesthesia, if necessary introducing the hand into the vagina.

When flexion is complete, little difficulty is encountered until the pelvic floor is reached, when the occiput sinks deeper than in anterior positions, and rotation often does not occur until it reaches the pelvic outlet, where expulsion is similar to the anterior positions, but external rotation throws the occiput farther backward. In view of the tendency to the recurrence of this position, it seems reasonable that an effort should be made to discover some method of prevention, but no mention is made of any measures of that kind in the books. As it has been demonstrated that the back of the child is the heavier portion, why would not the systematic assumption of the genu-pectoral, followed by rest in a lateral or semi-prone position, several times daily

during the last few weeks of gestation, help to keep the posterior surface of the fetus directed towards the anterior uterine wall? This has been tried in a few cases with satisfactory results, but in too few to make it possible to say that they might not have been anterior position without any precautions.

When the diagnosis is made before the membranes have ruptured or deep engagement has taken place, it is wise to attempt conversion into an anterior position at once, as it is impossible to determine in which cases anterior rotation will fail.

The effect of the positions before described should be tried—the lateral first, and, if this fails, the genu-pectoral.

One point is worthy of special mention, and that is, no matter in what way anterior rotation is secured, the patient must be kept on the side opposite to the one to which the occiput points, even if it causes serious inconvenience, until the head is firmly engaged, as there is a decided tendency to a return to the original position, which can in this way be overcome.

When rotation by postural treatment is impossible, as soon as the cervix is dilated enough to admit the hand, the neck should be grasped and the whole fetus rotated anteriorly, unless the child is so large in comparison with the pelvis as to render version preferable.

A moderately large child would seem to have a better prospect with forceps in an anterior position than after version, with the chances of a difficult delivery of the aftercoming head, while the danger to the mother would not be increased. When firm engagement has taken place and the membranes have ruptured, it is too late for either manual rotation or version, and the only policy is to see that flexion is

maintained and wait patiently, hoping that anterior rotation will occur even if it is delayed until the head reaches the perineum.

The conditions which tend to interfere with anterior rotation are unusually large pelvis, relaxation from numerous former labors, lacerations of the perineum and extreme flexibility of the head.

The so-called sixth position, with the posterior surface of the child directed towards the back of the mother, is thought by some older writers to exist in all cases in which a normal head fails to rotate anteriorly in a normal pelvis, but this is difficult of verification.

In those unfortunate cases in which the occiput remains in an oblique posterior position, or rotates to the sacrum, and the mother is unable to complete delivery or the condition of the child forbids longer delay, instrumental delivery becomes a necessity.

The exact position of the head should be determined, and, if posterior rotation has not occurred, the forceps should, if possible, be applied to the sides of the head rather than the sides of the pelvis, on account of the lessened pressure on the cranium. The anterior blade should be first intro-

duced, whether it be left or right, as it is the most difficult one to apply, and the blades should be unlocked after each traction, to allow rotation to take place, but under no circumstances should forcible rotation be attempted, as damage to the soft parts of the mother is almost certain. It is wise to remove the forceps one or more times and readjust them to the changing position of the head. If rotation does not take place they must be applied to the sides of the pelvis and delivery effected as carefully as possible, never making traction more than one minute at a time.

When posterior rotation has occurred, the forceps should be applied to the sides of the head and traction made downward until the forehead appears beneath the pubic arch, when, unless there are urgent reasons for immediate extraction, they should be removed to give the final opportunity for rotation. If this is not successful, traction should be made downward and backward as far as the perineum will allow, until the forehead clears the pubis, when the forceps should be removed and flexion produced by two fingers in the rectum until the occiput passes over the perineum.

WHAT ARE NECESSARY AND DESIRABLE DATA UPON HEALTH RESORTS?

BY EDWARD O. OTIS, M. D., BOSTON, MASS.

The physician who has frequent occasion to advise his patients regarding a change of climate and the selection of a health resort is often baffled in his search for data sufficient to enable him to decide intelligently upon the applicability of any resort, under consideration, to the patient he is proposing to send away. There may have been much written about the region

by both residents and visitors, but the statements are in many cases vague and unverified, and the real essential facts are wanting. Some have written with a genuine desire to state the truth; while others have exaggerated the advantages and ignored the disadvantages of a resort from a desire to make it popular. Those who, with the best intent, have attempted to

describe a resort, have often woefully failed to apprehend what were the necessary and desirable data—climate, regional, and hygienic—to be determined from the point of view of a health resort.

I would make a classification of the facts and data necessary to be known in order to give a clear and working description of a health resort under two heads, the natural and the artificial. Under the former would be included the meteorological or climatic data; the elevation and distance from the sea; the configuration of the land, whether mountainous, hilly, flat, or undulating; the existence or not of water in the form of river, pond, or lake; the character of the soil and subsoil, whether dry, sandy, clayey, moist, or marshy; the character of the vegetation, and the varieties of tree, shrub, and plant; whether wooded or not; the animal and insect life—the presence of mosquitos, for instance, would be a serious objection to some persons, and, according to the new theory, might mean malaria.

Under the head of artificial facts would be included the population; the system of drainage and water supply; the existence or not of a board of health and its efficiency; the characteristics of the town as to streets, buildings, churches, public buildings, etc.; the amusements and attractions; the roads and their conditions; the accommodations, including the character of the hotels and boarding-houses, the food, sanitary arrangements, bathing facilities, expense; manner of reaching the resort, and the time and distance from one or more great cities; then the prevalent diseases and mortality, and whether reliable and skillful medical service can be obtained; and, finally, what are the diseases upon which the resort is said to exercise a favorable influence; and, if the reporter is a resident physician, what has been his personal experience in

the observation and treatment of these diseases.

The reader may suggest other points, but if one is in possession of the above facts—their accuracy being assured—he will be able, I believe, to form a pretty reliable estimate of the resort and judge intelligently as to its applicability to any case under consideration.

To examine in detail some of the above-enumerated facts: Under climate various and differing data are included, or omitted, by those describing a resort, and generally, in the writer's experience and opinion, either too much or too little is given. Elaborate charts of climate are more or less perplexing to the ordinary reader and do not convey so much definite knowledge as fewer data, which should be, as far as possible, self-explanatory. I may add here, that in order to appreciate any statement of climate, a knowledge of that of the reader's residence is essential in order to comprehend fully by the comparison the differences of that of the region under consideration.

The following plan, suggested by Dr. Phillips of the United States Weather Bureau, appears to the writer to be simple and plain and yet to convey the main climatic facts of any region:

Climatic Data.		January	July	For Year
Temperature:		The data for as many months as desired, or all the months of the year in these columns.		The average for the year in this column.
Average or normal.....				
Average daily range.....				
Mean of warmest (mean max.).....				
Mean of coldest (mean min.).....				
Highest or maximum.....				
Lowest or minimum.....				
Humidity:				
Average relative.....				
Average absolute.....				
Precipitation:				
Average in inches.....				
Wind:				
Prevailing direction.....				
Average hourly velocity.....				
Weather:				
Average number clear days....				
Largest number clear days....				
Smallest number clear days....				
Average number fair days....				
Largest number fair days....				
Smallest number fair days....				
Average number cloudy days..				
Largest number cloudy days....				
Smallest number cloudy days....				
Largest number rainy days....				
Smallest number rainy days....				
Largest number rainy days.....				

AS TO THE TEMPERATURE,

we want to know, first, what is the average daily temperature for the season in which one visits the health resort: for instance, if it is a resort in Florida, the winter temperature; if Mount Desert, the average summer one. If an all-the-year resort like Colorado or Saranac, we want the temperature for the whole year. Next, it is important to know the average diurnal range, from which we obtain an idea of the equability of the temperature—for instance, how much colder it is at night than during the day, or when the sun is overcast than when it is clear. The mean of warmest temperature is the average daily maximum of all the days of any given month throughout the entire period of observation, be it one year or ten; for example, the mean of warmest temperature of Baltimore for thirteen years for the month of January is 40.5 deg. F., which means that in the 403 (13 x 31) January days, the highest which the maximum temperature thermometer may be expected to reach on each of these days is 40.5 deg. F., this representing the maximum temperature of a normal January day. In the same way the mean of the coldest or the minimum temperature of a normal day for any month, is obtained; and subtracting the one from the other, we have the average daily variation or range referred to above. The highest or absolute maximum temperature is the highest reached upon any day of the given month in any year of the period of observation; and the lowest or absolute minimum is the lowest temperature reached.

These extremes, as Dr. Huntington Richards has sententiously remarked, are the "chances the invalid has got to take in any resort; they do not indicate what temperature he may expect, but what it may be his good or evil fortune to encounter." A severe frost is the "chance" in Florida, for

instance; it is not expected, but occasionally it comes, and the orange trees are frozen.

Next in importance to the purity of the air comes, perhaps, the question of moisture, whether the air is damp or dry. The average relative humidity is the best indicator of this, and is determined by dividing the absolute humidity by the amount of vapor that might exist if the air was saturated. Both the temperature and soil, as well as distance or proximity to large bodies of water have a direct influence upon the humidity. The average rainfall is of obvious importance, and this factor should be considered in connection with the character of the soil, for if the latter is dry and porous, quickly absorbing moisture, the amount of the rainfall is of less importance than if the soil was clayey and held the water.

THE DIRECTION, REGULARITY,
AND VELOCITY OF THE WIND

are extremely important facts to be noticed. From one direction the wind brings dampness, like the east wind on the Atlantic seaboard; from another dryness, like the sirocco of southern Italy, or the winds from the great Australian plains. From one direction it comes fresh and pure, blowing over forest expanses or from the hills; from another, laden with dust and germs, exhausted of its ozone and deficient in oxygen. Sudden and frequent changes of the wind are generally undesirable, though, for instance, the sudden appearance of a cool sea breeze at the seashore on a hot day is wholesome and refreshing. Although every region has its prevailing winds, absolute and continued regularity is found only in the region of the trade winds at such resorts as Nassau or Barbadoes, W. I.; here the northeast "trades" can be depended upon to blow daily as certainly as the sun to rise. No resort is desirable

where high winds are frequent, especially for pulmonary tuberculosis; hence the importance of knowing the frequency and velocity of the wind.

Under weather data we have the average number of clear, fair and cloudy days, as well as the rainy ones. This enables us to determine the amount of sunshine we are to expect at the resort, and the degree to which one can enjoy outdoor life. Some observers note the number of hours of sunshine during the season, which perhaps is rather more accurate. The largest and smallest number of days of the different kinds of weather are again the "chances," above referred to, which we have to take; for in almost all resorts there are exceptionally bad seasons, as well as extraordinarily good ones. It is obviously of high importance to be sure of a large proportion of fair and clear days at a health resort, for, whatever the disease, it is the outdoor life which is desired. On the other hand, occasional rains are desirable to cool and purify the air. If the resort described is one in the northern latitudes, like Saranac or Liberty, or of the high altitudes like Davos, it is essential to know the amount of snow-fall, and the length of time snow lies continuously on the ground, and when it begins to melt in the spring. The elevation above sea level, if at all considerable, is accompanied with especial climatic conditions which are to be noted.

THE CONFIGURATION OF THE LAND

often modifies the climate, sometimes detracting from otherwise favorable climatic conditions, and sometimes neutralizing certain unfavorable ones; for example, a hill or mountain may afford protection from high winds or those blowing from an injurious quarter; or if the resort is in a valley the daily amount of sunshine may be reduced. Moderate ascents are often of value for

exercise, as Brehmer utilized them at Gorbardsdorf for his consumptives, or as they are used in the Oertel "cur de terrain."

A hilly or undulating country is less tiresome to look upon than a dead level; it is pleasant to wonder what is beyond the hills.

Under vegetation, we want to know, in the first place, whether the region is well wooded or not, and the extent and character of the forests, if they exist. The fir, pine, spruce, and other evergreen trees are generally considered an advantage to a health resort on account of their balsamic exhalations, their shade, and the esthetic effect. Arcachon in France, Bournemouth in England, Lakewood and the southern pine belt in this country are illustrations of resorts in the midst of pines. Gorbardsdorf in Germany and the Adirondacks are in the region of the fir and spruce.

Second, some account of the other forms of vegetation should be given, especially the flora. The invalid may happen to be a botanist, and a rich and varied flora may afford him unending delight. If he is a sufferer from hay fever, a knowledge of the plant life is important; if an entomologist or zoologist he will want to know something of the insect and animal life to be found there.

It is evident that dryness of soil and subsoil is desirable and that any large amount of stagnant water in marsh, lake, or pond is undesirable on account of the increased humidity and the possibilities of malaria.

After a consideration of the natural conditions of a health resort, we have to examine next the artificial ones, as I have termed them. What facilities exist for comfortable living, without which the best of climatic conditions are likely to prove elusive? The invalid requires good food, properly cooked; a well-ventilated and sunny

bedroom and a comfortable bed; suitable and sufficient attendance, good sanitary arrangements; facilities for sitting or reclining out of doors, if the open-air "Liegekur" is to be taken; and if it is a resort for pulmonary tuberculosis, some assurance that his neighbors will properly dispose of their sputum. He must be sure of obtaining pure drinking water, and know that the sewage is safely disposed of, that the risk from the zymotic diseases may be avoided. An intelligent and efficient local board of health is quite indispensable at a health resort; for instance, hotels, boarding-houses, or rented cottages, receiving consumptives, should be under the supervision of such a board, by application to which one can be sure that a room or cottage which has been occupied by a consumptive has been satisfactorily renovated and disinfected. At Cannes, France, the health authorities, in conjunction with the physicians, do this.

THE AMUSEMENT AND DIVERSIONS

the resort affords should receive mention, and not be exaggerated, as is too often the case. One cannot live by climate alone, but must have something to occupy his mind when away from the sweet influences of home and the usual routine of life, and depressed by illness. The outdoor diversions are the ones to which especial attention should be given, for in the majority of cases the invalid is expected to spend the greater portion of his time in the open air. The amusements of the quieter kind will be the ones most applicable to the patient—driving, walking, shooting, fishing, etc. The condition and extent of the roads are also to be mentioned. Is there a library; and are there schools? What are the churches? For many prefer to go where a church of their denomination is to be found. A most important and in many cases

decisive fact to be known is the probable expense; about what will it all cost? For what price can one obtain comfortable accommodations, and what are the other necessary expenses? No resort should be recommended which does not contain one or more good physicians known either by reputation or personally to the physician sending the patient there, and to whom the invalid should be referred by a note of introduction, briefly stating the case.

If the results of cases treated at a resort can be presented by physicians practicing there, they will indicate, as nothing else can, the actual benefits to be expected from a residence at the resort, for whatever disease its climate is recommended. The careful results published by the late Dr. Geddings, of Aiken, those of Dr. Trudeau, of Saranac, and of Drs. Fiske and Solly of Colorado, are admirable illustrations of this. Simply to make the statement that such a resort is beneficial in such and such diseases, without facts and results, carries but little weight, when one considers how inconsiderately this claim is often made.

The writer is well aware that to obtain all the data and facts enumerated above, with accuracy and a strict adherence to truth, requires long experience with a health resort, and painstaking observations. Indeed, some of the data can be collected only by observations which must extend over a series of years, like those of climate; but others are always at hand, like those relative to the soil and vegetation. It is, however, some such plan as here suggested which should be kept in view, and every year of experience will add something toward the completeness of the record.

The therapeutic value of a change of climate, and the many advantages of health resorts are becoming more and more appreciated by the profession.

With this greater appreciation, however, comes the greater desire to be in possession of sufficient and definite knowledge of the various health resorts, so that they can be prescribed with something of the same accuracy with which one prescribes a drug or other treatment. If one has a new remedy to offer, its composition, physiological action, and the effects of its use in the disease for which it is ad-

vocated are given. So it must be with a health resort, so far as the intrinsic conditions will allow. At all events, while the knowledge is accumulating to render such a description possible, let not hasty and unproved generalizations be given for facts. State what is known, and wait for more evidence and the results of more extended observations and longer experience.—*Medical Record*, August 25, 1900.

PYORRHEA ALVEOLARIS AND ITS RELATION TO GENERAL SURGERY.*

BY GEO. E. ABBOTT, M. D., PASADENA, CAL.

Mr. President, Mr. Chairman, and Fellows: I should be glad to follow the example of the genial chairman of this section and report a large number of successful operations in some line of surgery; but I have chosen, rather, to give one or two suggestions to all branches of surgery, that I may, perchance, add somewhat to the increased per cent. of successful cases—and more often to the percentage of those which recover promptly, rather than with a slow and semi-septic record of convalescence.

It is with this end in view that I ask your indulgence for a ten-minutes' paper on "Pyorrhea Alveolaris, or Riggs' Disease, in its relation to General Surgery," in hopes that it may be of advantage to some who may possibly be as careless in the matter of inspection and preparatory treatment of the mouth as I have to confess I used to be several years ago.

Every surgeon carefully examines the action of the heart; listens well to the lungs; tests with accuracy the urine, seeking for diabetes or Bright's disease; inquires systematically as to the constipated rectum, the flatulent bowels, the dyspeptic stomach, and the coated tongue; but how many examine the teeth and gums for abscesses,

where at times lie in ambush the deadly pus corpuscles, holding the balance of power between a good convalescence or a fatal issue?

What surgeon would allow his patient to keep a bottle of pus by her side, and three or four times a day swallow five or six drops of the fetid matter? And yet in past years some of us have allowed patients to enter upon capital operations—often abdominal sections—who have had pus cavities around their teeth discharging fully five or six drops of pus three times daily into their mouths and stomachs, and have wondered at the septic pulse and temperature and poor convalescence.

Simons of Johns Hopkins, in his recently revised work on "Clinical Diagnosis," speaking of transudates and exudates, says of putrid exudates: "These putrid exudates are observed following the perforation of a gangrenous focus, or of a gastric or intestinal ulcer; at other times they are encountered in cases of neoplasms and at other times even without any apparent cause."

It is my belief that many of these cases "without any apparent cause" are due to "pyorrhea alveolaris, or Riggs' disease."

*Read before the Southern California Medical Society, May 3, 1900.

During my second year at Harvard University I had the pleasure of knowing quite well W. T. Morton, whose father, according to Boston history, discovered the anesthetic properties of sulphuric ether.

On my return home to Hartford, Connecticut, I was at once confronted by the Connecticut side of the discussion, which claimed and proved that Dr. Horace Wells was the discoverer of ether, and I soon found that a near neighbor, one Dr. Riggs, a dentist, was the first man who performed a surgical operation under ether, by pulling Dr. Wells' tooth as a test for pain, while he was semi-unconscious with the primary effects of the anesthetic.

Whether this particular tooth had Dr. Riggs' disease or not is not recorded, but it is well recorded that other teeth in Hartford did have the disease, and that this same old, austere Dr. Riggs was the first to fully describe and scientifically treat the condition that we now know as pyorrhea alveolaris or Riggs' disease.

In thus advancing the claims of my fellow townsman of Hartford, Conn., I am not unmindful that the great Hippocrates, 350 B. C., wrote that "All rotten and loose teeth should be taken out."

Also that Pierre Fouchard and Joudain, in 1746; Bundet, 1757; Maury, 1843; Marchal de Calvi, 1850—all seem to have glimpses of this disease; but Dr. J. M. Riggs of Hartford, Conn., was the first to accurately describe it and put its treatment upon a scientific basis, and all dentists agree in according to him the honor of its practical discovery, and so the professional name of "Riggs' disease" will and should always be associated with its more scientific name of pyorrhea alveolaris, or the more modern one of "pericementitis."

Pericementitis is more applicable to

the primary forms of the disease, and pyorrhea alveolaris only to the late forms where pus is actually found about the tooth.

Several factors enter into the etiology of this disease. The most common is that of tartar or salivary calculus, and serumic deposits; foreign bodies, as a toothpick broken off between the teeth; insoluble tooth powders which accumulate around the teeth; dental clasps for fixing artificial teeth; lack of articular antagonism of the opposing teeth; undue antagonism, as in biting thread, cracking nuts, holding a pipe—all mechanical causes. General debility, impoverished blood, scurvy, uric acid and gouty diathesis and nasal catarrh represent the systemic causes.

TREATMENT.

It is not, however, the purpose of this paper to discuss pyorrhea alveolaris from a dental standpoint, but merely to call attention to its frequent occurrence and its detection by the surgeon, as an important factor in the preparatory treatment of surgical cases. I would say, in passing, that the best treatment is to turn the case over to a thorough, painstaking dental brother.

The detection of pyorrhea alveolaris is comparatively simple if sought. The tooth, or teeth, are tender when struck together, or when tapped with a pencil or other instrument. They are loose, the gums inflamed and receding, and when pressure is made with the finger from the root toward the neck, a slight discharge of milky fluid, or of actual pus, takes place. This should be sought for both upon the lingual and buccal gum. It is at times necessary to clasp the gum on both sides either with thumb and finger, or, better, with both index fingers.

In all this I have purposely exaggerated the danger of pyorrhea alveolaris. It must not be understood that

all cases have pockets of pus around the tooth; many cases are simply a periodontitis. Pus is in a sense rare, i. e., in any large quantity; it is the last stage of the disease and is not as a rule in large amounts; but there are advanced cases where there is pus, and plenty of it, in disgusting and dangerous quantities.

ITS RELATION TO SURGERY AND MEDICINE.

There is a case now in Los Angeles which I may only report in a very general way, as it will be reported later by the attending physician, where there is no etiological systemic trouble or other disease, and yet the pyorrhea has developed an extensive inflammation and septic infiltration of the lymphatics and glands of the floor of the mouth, throat and neck.

Again, pyorrhea alveolaris of the upper jaw may fail to discharge downward, and instead, the slight shell of bone dividing the tooth-cavity from the mammillary antrum may give way, with resulting antral disease, to fall into the hands of the rhinologist or oral surgeon. I have known a physician to give his patients all sorts of tonics in commendable variety, but

without results, while his patient was swallowing bone-pus from the alveolaris of his upper left bicuspid. I have myself sprayed and sprayed a patient with persistent pharyngitis and laryngitis, due to an unsought abscess-cavity of a left lower molar. Both these patients improved at once when the offending tooth was removed. Extraction is always a radical cure, but must be followed up by treatment to save the other teeth, which are very apt to be affected.

Dr. McMannus of Hartford, reported to me a case of cystitis which cleaned up entirely soon after the extraction of several teeth irrevocably diseased with pyorrhea alveolaris.

There are but a few examples of the relation of pyorrhea alveolaris to surgery and medicine, and yet they are ample to justify me in my previous question. What surgeon would allow a patient upon whom he expected to operate to take five or six drops of pus three or four times daily?

It will give me much pleasure if, in bringing this paper before you, I shall have been of any assistance to some fellow surgeon or his patient.

HYDROCHLORIC ACID IN GASTRIC THERAPEUTICS AND ITS DISCUSSION.*

BY L. G. VISSCHER, M. D., LOS ANGELES, CAL.

Routine treatment will lack in success here as it does anywhere. HCl should not be given for any length of time unless the absence of the free acid be demonstrated after the test-meal, and the deficit estimated. It is, further, important to know how soon after meals it shall be given. In a general way, the blander the food, the slower the HCl secretion; proper selec-

tion of food will often make it superfluous to give HCl. In the everyday praxis, HCl is given in too small amounts; five drops will hardly ever do any good, and it will not do much harm. With the larger doses this is different. Doses up to 50 and 60 drops three times a day are necessary in anacidity. If the anchlorhydria is nervous in origin (as shown amongst

*Abstract of a paper read before the Southern California Medical Society meeting in May, 1900.

other signs by the constant presence of the pepsinases), the long continuance of HCl is detrimental to the function. Always should the urine be watched, as the acid is a decided irritant to the kidneys. Opinion differs as to the addition of pepsin to HCl; pepsin has its own indications and will very rarely be necessary. HCl is a reliable drug in all acute indigestion, in doses of ten drops every three hours. HCl is of the greatest value in all febrile diseases, especially in typhoid fever, and let us not forget the HCl in the nausea after morphine administration—more so when atropine is given with it. Both atropine and morphine physiologically check secretion, and the HCl is lacking in the gastric juice. Finally, HCl should never be given indiscriminately in chronic cases without definite diagnosis. In gastric erosions, both with hyper and hypochlorhydria, in cases of chronic old ulcer complicated with chronic gastritis, it will, though often relieving symptoms, aggravate the anatomical condition. In no other trouble more than in chronic dyspepsia will we, by relieving the symptoms, ruin the patient.

315 W. Sixth.

DISCUSSION.

Dr. John R. Haynes, Los Angeles, Cal.:

SOME SUGGESTIONS CONCERNING THE USE OF VEGETABLE DIGESTIVE FERMENTS IN THE TREATMENT OF PHTHISIS AND OTHER WASTING DISEASES.

BY H. MANSFIELD, M. D., GEORGETOWN, CONN.

A general condition of malnutrition and great waste of tissue, are features so common in cases of consumption that, in any rational treatment of the same, it would seem important to discover the true nature of this vital

In treating cases such as the doctor has mentioned, I would, of course, wash the stomach out before eating, and then use the acid.

Dr. A. Gundrum, Riverside:

The three most important drugs in the treatment of stomach troubles are hydrochloric acid, strychnia and capsicum. A few years ago I discovered that I personally was not secreting enough hydrochloric acid, and since then have been obliged to use it as the occasion demanded. It should be employed, however, in larger doses than usually advocated. From thirty to sixty drops, well diluted with water, either at the latter part of the meal or immediately thereafter.

Since during fever the secretion of hydrochloric acid is diminished, its administration is strongly indicated, as it acts then both as an aid to digestion and a preventive of fermentation.

Dr. Geo. L. Cole, Los Angeles:

Will the administration of hydrochloric acid before a meal act as the administration of alkali immediately after a meal? Also, will it diminish the acidity of the stomach?

Dr. Visscher:

The administration of hydrochloric acid prior to a meal will stimulate its secretion and improve the appetite.

disturbance, in order to combat the underlying tendency to emaciation, and thus increase the patient's resisting power to this dread disease.

It has already become a well-recognized physiological axiom that, in all

wasting diseases, the fats, being the most readily available of any combustible in the body, are first exhausted; and that, when the fat is gone, other tissues are necessarily drawn upon to maintain the heat of the body. In other words, after the fats are exhausted, these patients are forced to live upon their organized tissues. It is evident, then, that as the adipose tissues and nitrogenized structures are both being destroyed, fats and proteids alike must be supplied in the form of food.

According to Brunton, the three great functions of man are, generally speaking: (1) the development of tissue change, (2) the supply of sufficient aliment, and (3) the removal of waste. In the cases we are considering, the second of these great functions would seem to be at fault; yet it has been found that the emaciation is not due so much to a lack of fat in the food supply as to an inability to store it up. This inability, in consumptives, is owing partly to the great amount of fat spat away, as may be observed in the pus cells of the sputa, but, also, and principally, to weakened digestive powers. To the physician, therefore, who hopes to treat his wasting diseases on a rational and scientific basis, the digestion of fats in the human body becomes a preliminary study of no little interest and importance.

It has been shown by experiments upon animals that fat taken as food, becomes changed in the duodenum to the form of an oil in true solution, capable of being taken up by water and alcohol without producing the milky appearance characteristic of an emulsion, and that in no other form can fats be absorbed into the true interior of the body and assimilated. A further series of experiments, to test how far this combination of oil in solution could be produced by synthesis, resulted in the demonstration that, without the action of a ferment

principle of the same chemical properties as those exhibited by the digestive secretions, no true solution of oils or fats could be effected—unless, indeed, the fatty acids were first separated and decomposed at a high temperature. It will be seen, therefore, as has been stated by Prof. Drewry, that “if the glands of the body, through disease or atrophy, do not furnish the natural ferments in sufficient quantity, the mixture, in contradistinction to chemical combination, remains inert and passes through the bowels in that condition, and cannot be assimilated.” It is well known that, in consumption and other wasting diseases, owing to deficiency of the digestive secretions, there does not exist in the patient the power of dissolving a sufficient portion of fat or oil; consequently the fatty tissues are starved, nitrogenized structures are ultimately drawn upon, and emaciation results.

The question has often been asked—where do the various enzymes and soluble ferments that exist in the animal body primarily originate? Pathologists and physiologists have been studying this subject with considerable zeal of late, and the feeling is rapidly gaining ground that ferments may be very important factors in both the cause and the cure of disease. The toxins and antitoxins are by many believed to be related to the enzymes, and to benefit or harm the organism by changes analogous to those wrought by known soluble ferments. From the side of pharmacy now comes the suggestion that “much of the efficacy of our extracts and tinctures may be due to vegetable ferments contained in them, and that the supply of digestive and other ferments of the body may all be drawn from the vegetable world through our food and our medicine.”—*Cf. The Dietetic and Hygienic Gazette*, June, 1900.

Animal diastase is widely distributed in the human body, and is identical, as we know, with the diastase of vegetable origin. The other ferments of the body are found combined in the vegetable enzymes from which they arise, but owing to limited environment the animal ferments are more restricted in their chemical action. For instance, pepsin, being confined to the gastric juice, can only act in an acid medium, while the active principal of the pancreatic and intestinal secretions are only effective in an alkaline solution. The vegetable ferments, on the other hand, owing to the plant's more varied environment, will act independently of such chemical conditions—being equally efficient in neutral acid or alkaline media. The plant enzyme, too, is capable of digesting all kinds of food products; but, in the process of evolution from vegetable to animal life, it becomes split up in the human body, as we have seen, into a number of minor ferments, each secreted from its own specific gland, each having a special duty to perform, and a special medium in which to act.

In the treatment of "wasting diseases," therefore, when all of the digestive secretions are more or less deficient, a ferment is needed which will digest all kinds of food, especially such food (fats and proteids) as are required to supply the tissues which are being destroyed; one, furthermore, whose proteolytic and amylolytic action will not be affected by the varying chemical conditions existing in the alimentary tract. Of the vegetable enzymes, which alone answer these requirements, Prof. Chittenden, of Yale, has shown by carefully conducted experiments that caroid has the greatest digestive power. This is a ferment prepared from the concentrated juice of the *Carica Papaya*, acting not only upon all varieties of food products,

but in any and all media and in the presence of other drugs.

With the aid of this ferment more food of a varied character may be taken into the stomach, and, what is of greater importance, will be properly digested. In combination with oil, extract of malt has been used and is said to have materially aided digestion; but, in this respect caroid is undoubtedly superior, owing to its wider range of action, proteolytic and amylolytic, and power to convert oil into a true solution. In those cases therefore in which oil emulsions are indicated but have been rejected through inability of the patient to properly digest them this vegetable ferment will prove of the greatest utility in actual practice.

The instinctive rejection of fats, in cases of wasting diseases of whatever kind, owing doubtless to the patient's inability to digest them, calls upon the physician for an exercise of his judgment to furnish an agent which will perform, temporarily, at least, the work of the natural ferments, besides stimulating them finally to normal action themselves. In several of the cases treated by the writer, in which caroid was administered, an increase in the weight of the patient has been observed within a fortnight, and a manifest improvement in the appetite being effected at the same time. In some instances of phthisis, when the patient had refused to take cod liver oil because of eructations, nausea, and other gastric disturbances, the latter has been given (usually in the form of an emulsion) in combination with the ferment with excellent results. Food of a greater variety, and more nourishing character will be borne, causing an improvement in the general nutrition of the patient, which, in cases of anemia, dyspepsia and convalescence from wasting diseases, is so important an adjunct to recovery.

These various considerations would seem to point to the value of a digestive ferment of this character to be prescribed in all cases where the strength of the patient is being sapped through inability to digest such foods as are necessary to restore the katabolic losses occasioned by wasting disease. Such a mode of treatment cannot but prove beneficial, especially in phthisis, where the victory is to be gained, if at all, by improving the omnipotence of nutrition of the system over the tubercular bacillus. The superiority of the vegetable ferment as a digestive agent in these cases lies in the fact that its action is not restricted to any particular class of

foods, is not inhibited by the various chemical conditions which prevail in the different portions of the alimentary tract, and, besides, is efficient in the presence of neutral salts and in combination with antiseptics and other drugs, which are so often found necessary to be prescribed as tonics or reconstructive agents in phthisis and other wasting diseases.

In those diseases, therefore, in which malnutrition and waste of tissue are prominent features—the lack of supply being due to deficiency of digestive secretions—the vegetable ferment bids fair to prove one of the most valuable therapeutic agents at our command.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA,
AND J. LEE HAGADORN, M.D.

PHOTO-THERAPY.—Not a little fun has been poked at the man who, some years ago, advocated the treatment of smallpox by red light. The same man, a Danish physician, Finsen, has followed up the theory of the therapeutic use of concentrated sunlight, or certain rays of it. It has also been done independently by Abrams, of California, and Kime, of Fort Dodge, Iowa. In an interesting article in the Iowa Medical Journal for April, Dr. Kime tells about the work and some of the successes. The theory is based upon the well-known fact that light, especially sunlight, is the most powerful bactericide known. It is sunshine which gives to Arizona and New Mexico its reputation as health resorts for tubercular patients. Bacteriologists are unanimous in the opinion that the

solar rays are most powerful agents in destroying, not only the tubercle bacilli, but nearly all other micro-organisms. Experiments by the use of photographic paper show that the ultra violet rays of the solar spectrum penetrate the body in like manner to the X-rays and that the actinic rays go deeply into the tissues of the body and can be proved to penetrate through the adult wrist. By the use of concentrating lenses, prisms, reflectors, colored glasses, the experimenters have treated a large number of cases, mostly of lupus, tubercular lymph glands, indolent ulcers, chronic joint affections, parasitic skin diseases, tuberculosis of the lungs. They report most excellent results. It must be admitted that the method has a sound, rational basis. We expect to hear more about it.

SELECTED

MEMBRANOUS CROUP. — Fifty cases of membranous croup, treated by the same method, with 38 recoveries and 12 deaths, are reported by O. A. Fliesburg in the *Northwestern Lancet* (Archives of Pediatrics for April).

In the series none but true cases with membrane were included; of the series 13 cases were instrumental with 3 recoveries; the balance, 37 cases, were treated exclusively by the method here detailed, with 35 recoveries, or in all 50 cases with 38 recoveries. These cases were seen over a period of 14 years and all were membranous.

The treatment consists in the administration of powders composed of the hydro-chlorate of apomorphia gr. 1-100 to 1-40, calomel gr. 1, bicarbonate of sodium gr. 2. These powders are given dry on the tongue, one every hour. It is claimed that the usual doses of apomorphia are too large, but this in a small dose and combined with the calomel and soda there is a stimulating, antiseptic effect from the whole powder not to be had when one ingredient is administered alone.

DIAGNOSIS OF MALARIAL FEVER.—Albert Waldert, in *Medicine* for May, gives in detail the method of examining the blood in the diagnosis of malarial fever. The necessary apparatus consists of a one-twelfth oil immersion lens and warm stage, large clear coverglasses and slides.

The coverglass and slide should be thoroughly cleaned with alcohol and wiped dry without touching them with the bare fingers. The lobe of the ear or end of finger from which the blood is taken should also be perfectly clean.

The warm stage should be so adjusted as to keep the specimen at 98.2 F.; too great heat or cold will crenate the corpuscles.

Do not take the first drop of blood, but allow several to escape; then touch the summit of a drop with the cover-

glass in the blades of the forceps, without touching the skin.

The blood should be spread out smoothly as the coverglass is allowed to fall by its own weight on to the slide. If it does not do so, there is some fault in the technique and a new specimen must be selected. It is time wasted to try to examine a bad specimen.

The microscope should be taken to the bedside of the patient and the specimen examined immediately after it has been withdrawn from the circulation.

Several specimens should be collected at different periods of the fever, because the parasites are not always found. During the period of apyrexia they may be absent from the peripheral circulation.

As a rule only a limited number of malarial parasites are discovered in each specimen of blood obtained, and frequently ten to fifteen minutes must be consumed before one good specimen is found.

The small hyalin segmenting bodies are seldom found free in the plasma. As soon as sporulation occurs they at once enter the red corpuscles.

It should be remembered that the plasmodium malariae has a turning, twisting, rotary, or flattening-out movement, and in the later stages containing fine pigment granules in active motion.

As the specimen of blood becomes cold, the movements of the organism become slower and slower, and finally cease altogether.

It is very common to meet with foreign material and "blood dust" in the plasma, which at times may be mistaken for the non-pigmented hyalin parasites of malarial fever. The bodies may have an active Brownian movement.

In beginning this study one should

confine his attention to the parasites within the red cells.

ETIOLOGY OF PROGRESSIVE PARESIS.—Prof. R. V. Krafft, *American Journal of Insanity*, April, 1900, in a long and interesting article, discusses this very important subject, and concludes that it is almost universally if not entirely due to a luetic substratum. Even if a clear syphilitic history is not forthcoming, the condition may be a congenital one, or syphilis may have existed unknown to the patient. As an exciting factor, the hurry and high pressure of modern life, especially in the great cities, with the strain of the continual struggle for existence, appears pre-eminent.

LIQUID AIR: EXPERIMENTS AND USES IN MEDICINE.—Chas. E. Trippler, chemist, artist, and electrician, was from his babyhood days of scientific turn of mind. He had for years experimented with different gases, their properties and conditions, and possible uses. Among those worked on by him were ethyl and methyl chloride, ammoniacal gas and nitrous oxide.

About 1891 air was liquified. The key to Trippler's success in this line being his effort to use gases for motive power, Carnot's cycle giving him the clew.

Carnot's law is this: Heat cannot pass from a colder body to a hotter one, nor can it be made to pass by any inanimate material mechanism, and no mechanism can be driven by simple cooling of any material object below temperature of surrounding parts. Trippler's method of producing air is simple: from high compression he turns the air into specially prepared liquefiers (his invention), the construction of which is not known. The liquefaction goes on in these cylinders by an accumulative action.

To pass from the discussion of the manufacture to its uses in arts and in medicine:

Pictet, experimenting and working along medical lines, found that intense cold applied, for a short time, produced a slight feeling of epigastric constriction, and slight paralysis of lower extremities, but all quickly succeeded by a feeling of general invigoration.

When the temperature falls below the normal suddenly, vertigo may appear, and two hours' exposure proved fatal to a dog in the intense cold produced by Pictet.

Pictet says himself he cured, in his own case, a severe chronic gastritis, and gained in weight and appetite by repeated short applications of intense cold. Liquid air, as we know it, finds special use in medicine in nearly all superficial inflammations of skin and deeper tissues.

To Dr. A. Campbell White, Geo. H. Fox and G. Fish Clark, of New York, we are indebted for most of the medical data on liquid air and its uses.

Liquid air as a local anesthetic is a success, allowing all minor operations to be performed almost painlessly, as is the application of the air itself. It would appear to be a specific in all forms of neuralgia, applied in sciatica, over exit of nerve, the relief from pain is almost instant, as is the case in intercostal and facial neuralgia. Dr. White says that in no case treated so far has there been a return of symptoms. It must be remembered that the application of air by spray or swab is dangerous, for if applied too long or too deep, death of underlying parts takes place and the second is worse than the first condition.

In a personal letter, Dr. White stated "that he had not found liquid air a cure for advanced cancer or epitheliomata of face, but that repeated

application, even in bad cases, seemed to do good." Liquid air treats successfully nearly all chronic and acute superficial ulcerative conditions, such as varicose ulcers, herpes zoster, erysipelas. Phagadenic chancroids treated after two applications and no dressing, save sterile gauze, healed without further trouble. In all above-named conditions the air was applied in spray form, being the most exact and easy method of application.

For larger and more sweeping effects, as in cancer of breast, it is applied by means of a swab, care being taken not to be too free in its use.

Liquid air has also a place in the purification of certain drugs much in use and in constant demand. These are the anesthetics ether and chloroform. It is a well-known law of thermo-dynamics that freezing purifies, and by the intense cold liquid air, ether and chloroform are rendered more pure than by any form of re-distillation or vaporization.

Pure crystals of chloroform freeze out; these can be removed and furnish an absolutely pure product.

Great things may be expected of liquified air in arts and medicine in the future. The cost of a plant is extensive, so that only in New York and possibly Chicago is liquid air produced.

The cost is about eight cents per gallon, and the plant (Trippler's) can produce more than four gallons per hour, that being its average.

BULBAR PARALYSIS AND ITS COUNTERFEITS.—G. A. Gibson,* Edinburgh. Two cases of glosso-labio-pharyngeal-laryngeal paralysis are reported that superficially seemed identical, but one was bulbar in origin, with wasting of the muscles, fibrillary movements and altered electrical reactions, while the other had shooting pains in the legs, no muscular atrophy, no electrical change, but some weakness of the legs, thus showing that there is no change in the lower neurons, and is considered of central origin. Except for these symptoms, the disease was typical of bulbar involvement.

*Brit. Med. Jour., April 20, 1900.

DEPARTMENT OF SURGERY.

BY DR. GEO. W. LASHER, PROFESSOR OF SURGERY, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

UNNA'S DRESSING—A TREATMENT FOR CHRONIC ULCERS OF THE LEG.—R. S. Michel, M. D., Chicago Clinic, August, 1900. Who first thought of utilizing Unna's "paint," or "dressing," in the treatment of these ulcers I do not know, but the idea was an exceedingly fortunate one, for by its use they can often be made to heal promptly, after having resisted all other means.

Unna's paint is fluid when hot, but when cold looks and feels much like

white rubber. It was devised by Dr. P. G. Unna, of Hamburg, Germany, and was used originally in diseases of the skin. It is prepared thus: Take of water and glycerine, each ten parts, and of gelatine and white oxide of zinc, finely powdered, each four parts. The gelatine should be of the best quality. Dissolve the gelatine in the water by means of a water-bath. While hot add glycerine, and finally the oxide of zinc, stirring vigorously and continuously until cold. It is

somewhat difficult at first to prepare it well, but with a little experience the art of doing so is readily acquired.

Prepare the leg by washing it thoroughly with soap and water. Carefully dry it, and rub it with alcohol. Then the "paint," prepared as above, and having previously been melted, is applied to the leg with a paint brush, just as you would apply paint. Paint over the ulcer, paying no attention to it. Leave out the toes. Extend dressing nearly to knee. Keep the paint hot while using it by putting the vessel in which it is contained into another vessel containing hot water—an extemporized water bath. Stir from time to time, in order that the mixture may be homogeneous. After the leg has been thoroughly painted, apply an ordinary bandage. The bandage should be two or two and a half inches wide, and made of firm but coarse material, with open meshes. The painted surface must be evenly and accurately covered, but the bandage must make no wrinkles or reverses. This makes it necessary to put it on in pieces. Let the bandage take what course it will, and when it cannot be applied further without making a wrinkle, cut it off and start anew. Keep on in this way until the whole painted surface is covered with the bandage, being careful to close in the heel and ankle joint well. Apply to this bandage another coat of paint, just as was done in the first place to the bare leg. Then apply another layer of bandage, fortifying any weak spot with an extra piece of bandage, and more paint, so that there is exerted an even pressure all over. Then another coating of paint and bandage. The dressing should be from three to five bandages in thickness. Complete the dressing by giving the last bandage a good coating of paint. For a few hours the completed dressing is somewhat sticky;

so it is well, for the sake of cleanliness, to cover it with an ordinary roller, which may be removed later.

The essential points to be remembered in applying the dressing well are: to make it fit firmly and evenly all over; it should fit like a glove. Do not try to put on too long a strip; use plenty of paint; leave no weak spots.

The dressing should wear four to eight weeks. Should it become loose from a diminution in the size of the limb, remove it and apply another. As ulcers of the leg are usually accompanied by a swollen, or edematous condition, and as this condition rapidly diminishes under this treatment, the dressing may need frequent change. Should the ulcer secrete pus, rendering the use of local applications desirable, a wet spot will make its appearance on the dressing over the seat of the ulcer, within a few days after its application. In this case a fenestrum may be cut through the dressing sufficiently large to expose the sore. Through this hole the necessary application can be made and the fenestrum closed evenly and nicely with cotton, or gauze, held in place by means of a bandage. The application may be eucrophen, iodoform, boracic acid, or whatever cicatrizing is preferred. As the ulcer rapidly becomes smaller, it is well to make the fenestrum only large enough to expose it.

This plan of treatment is applicable to all ulcers of the leg, from whatever cause they may be produced. In some cases in which there is great varicosity, ligation and excision should be done first. If the ulcer is syphilitic, the constitutional treatment should be conjoined.

STERILIZATION OF THE SKIN WITH SCHLEICH'S MARBLE-DUST SOAP.—Schleich (Monthly Cyclopædia of Practical Medicine and Universal

Medical Journal, February, 1900) lays down the emphatic rule that brushes should never be used, as they are incapable of cleansing, and become "labyrinths of filth and slime." Chemical antiseptics are in his method given an unimportant place. The properties required in a good soap are: Sterilized materials; detergent properties (hence the use of marble dust); some ammonia to act as a liquefying agent or flux, the soda or potash being too hard when saponified; fat-emulsifying power to carry away the waxy deposits of the skin (for this purpose he introduces what he calls "stearin paste"); wax free in the mass leaves the skin anointed (for this purpose so-called "cerate paste" is put in the soap); sterile running water.

The soap is a white paste of gritty feel. It is applied by rubbing with squares of sterilized gauze made into small napkins. The sensation left after it has been washed away is that the skin has a waxy feeling. The author states that personally it has been found to be less irritating to the skin than green soap used with a brush.

ANASTOMOSIS OF THE URETERS WITH THE INTESTINES.—Peterson (Medical Record, vol. lvii, No. 20, 1900), in an exhaustive historical and experimental research read before the American Gynecological Association, gave an abstract of twenty-eight uretero-intestinal anastomoses performed on man, showing that the primary mortality is 32 per cent. The subsequent history of the successful cases placed the operation in a still more unfavorable light. All efforts to prevent ascending renal infection in animals or in man have proved futile. The operation seems unjustifiable either for the purpose of making the patient more comfortable or for relief of malignant disease of the bladder.

METHODS OF CLOSING ABDOMINAL INCISIONS.—Richardson (Medical Record, vol. lvii, No. 20, 1900) emphasizes the great advantages of the through-and-through suture, over suture en etage, claiming, first, that it left no blind spaces, and, secondly, that it was very quickly done. He employs silk, silver wire, and silk-worm gut. Of two thousand celiotomies at the Massachusetts General Hospital which were sutured through-and-through, and which healed by primary union, but twelve returned with recurrence. Buried sutures should be non-absorbable, for they should add strength to the tissues in which they lie, and silk is to be preferred. He emphasizes the point that accurate approximation of the abdominal layers is not necessary for strong union.

FOR PALMAR SYPHILIS.—Ohmann-Dumesnil (Bulletin de Therapeutique, January 15; Lyon medicale, February 4th) gives the following prescriptions—the first to cure palmar psoriasis, the second to prevent its recurrence:

- | | | |
|----|----------------------|------------|
| R | Salicylic acid | 18 grains |
| | Ichthyol | 30 grains |
| | Cold cream | 450 grains |
| M. | | |
| R | Calomel | 15 grains |
| | Cold cream | 450 grains |
| M. | | |

With these ointments the patient rubs the palms each evening at bedtime, and wears gloves at night.

BOTTINI'S OPERATION FOR THE CURE OF PROSTATIC HYPERTROPHY.—W. Meyer, New York, reports twelve cases in which Bottini's operation was performed, making a total of twenty-four reported by him. In these the operation was done thirty times; that is to say, it was repeated in four instances, and done three times in one case. In the first eleven cases a small

battery without amperemeter and imported instruments were used; in the last thirteen, instruments of American manufacture and a battery with amperemeter were employed. In nine cases a cure was effected; and this could be proved to be lasting, as shown by final examination made between three and twenty-five months after operation in six. Two patients did not present themselves again. Seven of the cases were much improved by the operation, and this result was shown to be lasting by examination made six months to two and a quarter years after operation. Two cases were improved and have remained so to date, twelve and nineteen months respectively after operation. One patient, who was at first completely cured, shows today a recurrence of a number of his former symptoms, although his general condition is excellent, and the catheter has been dispensed with since the day of operation. Another patient, who was originally cured, and considers himself so today, has been classed as improved only, because he shows a residual urine of about thirty-three per cent. at present. There were two deaths directly due to the operation, acute sepsis, and suppuration in cavum Retzii; and two deaths with the operation as the remote cause (one case of suprapubic cystotomy followed by sudden death eight days after Bot-

tini's operation; and one, phlebitis of the lower extremity, followed probably by pulmonary embolism). Three patients have died since the operation was performed—one six weeks after operation of pyelo-nephritis of long standing; one persistent suprapubic fistula and chronic pyelitis, death, due to pyelitis, occurring three months after operation; and the third, a patient who was absolutely cured, of pernicious anemia nine months after operation. The cases, therefore, show thirty-eight per cent. of cures; twenty-nine per cent. much improved; eight per cent. improved; and a mortality of eight per cent. directly due to the operation, and eight per cent. indirectly due to the operation. A brief synopsis of the past history of the first twelve cases, together with a report of their present condition, and a full report of the second series of cases are added.

The good results were shown to be abandonment of catheter, loss of residual urine, gain in weight, etc.

The accidents during operation most to be feared are—first, opening the urethra by an incision too long or too deep; second, causing retention from the hyperemia and swelling after the operation. After this complication it was necessary to perform suprapubic cystotomy, with prompt relief and recovery.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA,
AND ROSE TALBOTT BULLARD, M.D.

OVARIAN CYST.—In the *Annals of Gynecology and Pediatrics* for April, Clement Cleveland reports a case of ruptured ovarian cyst, which he removed.

The patient gave a history of a fall. At the operation a great deal of fluid

was found in the abdomen and a tense cyst at the side of which another ruptured cyst or possibly part of a multilocular cyst. There was a peritonitis present, so drainage through the cul-de-sac was established. Dr. Skene's clamp was used satisfactorily in the

removal of the tumor. Despite all efforts, the patient's bowels could not be made to move, and pain and nausea became continuous. Finally, forty-eight hours after the operation, the lower bowel was distended by oxygen gas up to the point of pain. After this, the twist or obstruction evidently being relieved, the patient passed gas, the distention disappeared and the abdomen became flat. The patient is now in stupor and the prognosis is bad. The reason for reporting the case is to speak of the method of distending the lower collapsed bowel in the hope of relieving the obstruction higher up, which must be useful in other cases.

In reply to questions by Dr. Boldt, Dr. Cleveland said that he had used oxygen in preference to carbonic acid gas because it was present.

GONORRHEA IN THE FEMALE.—

In the acute stages of this disease, Gardner (Journal American Medical Association, April 14, 1900) puts the patient to bed, and keeps her there. There diet should be unstimulating, the bowels regulated by saline purgatives, and warm hip baths and frequent soothing irrigations of the genitals be employed. The use of linseed

tea by irrigation and douche is very grateful to the patient. The acute stage having passed, germicidal douches of permanganate of potash 1-5000, bichloride of mercury 1-5000 to 1-2000, or formaldehyde 1-4000 to 1-2000 may be employed. The douche should be given with the woman in the dorsal position. If the patient lies still for a time after the douche, there is a tendency for a pool to form, and for this reason it is best to wash out the vagina with a little warm water. The douche is merely accessory to the careful and thorough application, to the whole of the affected surface, of nitrate of silver, 20 to 60 grains to the ounce. The surface must be wiped clean and dry and the solution thoroughly applied by the swab with pressure till every part is whitened. Pro-targol and argonin may be used instead of AgNO_3 . The urethra and cervical canal are best treated by instillations of the same solutions. In the treatment of the uterine cavity, in all but the most advanced chronic stage, local treatment must be avoided. When the tubes and ovaries are involved, the author counsels patience and rest. By long rest in bed, good nursing and judicious symptomatic treatment, a fair percentage of such cases will get well.

DEPARTMENT OF GASTRO-INTESTINAL DISEASES AND THERAPEUTICS.

BY L. G. VISSCHER, M.D., LOS ANGELES, CAL.

CHOLELITHIASIS AND ITS TREATMENT, as discussed in the Thirteenth International Medical Congress, in Paris, August, 1900, by Naunyn, Gilbert and Doyen.—Gallstones are the local signs and consequences of lithogenic catarrh, most probably of infectious origin. Repeatedly the bacillus coli, the streptococcus, the staphylococcus, the Eberth,

typhus bacillus are found in the body of the calculus; in view of the fact that bile is sterile as a rule, the only rational explanation for this infectious origin can be found in the stagnation of the bile-flow, the residual bile being a soil for bacterial growth, analogous to the ascendant infection of the residual urine in calculus of the bladder. (Experiments of Ehrett and Stolz show

that quantities of at least 5 c. c. of bile to the culture were necessary in order to get about ten colonies of coli bacillus to the c. c. of bile.) But by introducing aseptic material into the gall bladder, and inhibiting the flow of bile, in a very short time the bile was found crowded with germs, especially bacillus coli communis. Those experiments are very important, advocating the free flow of bile as a remedial help. As far as the cure is concerned, this may be complete or apparent. Complete by "*vis medica-trix naturae*," the stones being propelled into the bowel or by the way of fistulas. Apparent meaning the end of the inflammatory symptoms and the return to the latent state. Though, by our help, only surgery may accomplish the complete cure, recidivation cannot be excluded, and further surgical interference should be restricted to empyema and hydrops vesicae felleae (Naunyn); to secondary infection of gall ducts and chronic obstruction of choledoch duct (Gilbert), for the latter indication inside of six weeks to prevent the development of cirrhosis, being in itself an absolute contra-indication (Doyen). The medical treatment will effect only the apparent cure, being all there is needed, regarding the above-stated indications for the surgeon's help. The aim of medication will be to empty the bladder and the large ducts of the stone. Every mechanical device should be rejected, as the pressure that is to propel the stone through the swollen ducts is purely hydro static, viz., the pression of secretion and the pression of inflammatory exudation.* Therefore no purgatives, no emetics, no cold packs, no electricity, and surely no massage. But sedative measures, antiphlogistic and antispasmodic in nature, should be resorted to, opium, belladonna, chloroform and hot water *intus et extra*. This as the acute attack

is concerned; in stone-carriers prophylaxis is of the utmost importance. Repeated small meals, increasing the frequency of the bile flow; prevention of any pressure by clothes; physical culture; abdominal massage; large cold bowel flushings; antisepsis of the bowel, especially during pregnancy and after typhoid and malarial fever.

Medicinally we have to consider the cholagogues and the presumed lithon- triptics. As to the latter they only exist in name. No gallstone will be dissolved in loco; only its growth may be prevented or retarded. And the beneficial effect of the pure alkaline waters, to be taken hot, is partly to be found in their general influence on the circulation in the liver as a whole, and partly in the increased rapidity of flowing bile counteracting and preventing ascendant infection from the bowel, and this very agent explains the use of cholagogues. The use of olive oil and of oleate of sodium, though useful, cannot well be explained.

In addition to this brief synopsis, it will be well to mention the danger that threatens the stomach from all drinking cures, in excess, or for any length of time, when this organ is not perfectly capable of handling these large quantities of fluid.

HOME-CURE FOR GALL STONES.

As recommended by Prof. Naunyn (Strassburg), the patient has to lay down twice a day for three hours, applying hot poultices over the region of the liver. During this time he is to drink every fifteen minutes three ounces of Karlsbad water, hot, and in sips; altogether six to eight glasses. Meals, taken at 7, 1 and 7, shall not contain fats, leguminosae, fat cabbage, sauerkraut, and wine, or alcohol in general. Keep the bowels open. This cure shall be continued for three to four weeks.

*Oggi has shown experimentally that the double amount of hydrostatic pressure under which the bile possibly can be secreted, is required to enforce the bile through the spasmodically closed sphincter of choledoch duct.

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

Honors to Dr. Knopf.

We are very glad to note that Dr. S. A. Knopf, formerly of Los Angeles, but latterly of New York City, has received the international prize of 4000 marks offered by the Berlin Tuberculosis Congress for the best popular essay on "Tuberculosis as a Disease of the Masses and How to Combat It."

The committee of award was composed of some of the best-known clinicians and sanatorians of Germany, among them being Seyden, B. Frankel, Gerhardt and Leuthold. There were eighty-one competitors—according to the terms of competition the German committee for the erection of sanatoria for the tuberculous will publish the essay in a cheap form for popular distribution.

Dr. Knopf was in 1898 awarded the Alvarenga prize of the College of Physicians of Philadelphia for an essay on Pulmonary Tuberculosis, its modern prophylaxis and treatment in special institutions and at home. Dr. Knopf has also, as our readers well know, written numerous monographs along these lines, and has a world-wide reputation as a specialist on these subjects. L.

A Nut Roast.

There are many people who are developing into vegetarians. There are many others who are partial vegetarians, eating meat once a week.

Fruits, nuts and cereals form their chief articles of diet. It is not wise for the medical profession to contemp-

tuously call them faddists. There is some good in almost all of these isms, or, rather, there is some wrong that gives them birth.

As a substitute for a meat roast the Pacific Health Journal recommends the following, which may serve a good purpose in cases where there are reasons for avoiding a meat diet.

The following recipe for a simple roast may be varied in different ways. Take equal parts of cooked crystal wheat and chopped or ground walnut meats; mix together and salt to season. Some may prefer the flavors of sage, onion, or celery salt, or other flavors. These may be added if desired. Moisten the whole with water, or strained tomatoes or nut cream. Mix and put into a flat bake-pan to the depth of one and one-half inches. Bake till nicely brown. Cut in squares and serve. L.

Found Guilty.

Yglesias, the Worm Doctor, Convicted on Two Charges Before Justice Austin.

"Dr." Genaro Yglesias, of Los Angeles, who has been advertising himself as the eminent Mexican helminthologist, but who is better known as the "worm doctor," was tried before Justice Austin on two charges of practicing medicine without having procured a certificate so to do from the State Board of Examiners, found guilty and fined \$100 in each case. As the "doctor" had that amount of cash bail on deposit, the money was applied to the payment of the fines.

The feature of the trial was the testimony of "Dr." Benjamin Perez, formerly associated with Yglesias in his business as a partner. The two men, however, had a falling out over the distribution of the profits, and are now bitter enemies. Perez took advantage of the opportunity to "roast" his partner, and gave some damaging testimony, testifying, among other things, that he himself, while posing as a "helminthologist" with Yglesias, had no medical education, but had been a prize-fighter and a barber before he blossomed out as a full-fledged practitioner in the worm line.

A case is also pending against Perez on a charge similar to that on which Yglesias was convicted, and he will probably be convicted also.

Let the good work of convicting such humbugs go on! S.

Southern California Health Resorts.

This Mecca of the Southland, the goal of Eastern invalids for the winter season, is also one of the pleasantest summer resorts, a fact that our local Chamber of Commerce and enterprising press have been trying to impress on the minds of the great mass of the unenlightened, east of the Mississippi River. To the Easterner, it is hard to understand how a climate in which citrus fruits, bananas and pineapples ripen in a winter climate can have other than an unbearable summer heat. They reason that it takes heat, and unlimited sunshine, to produce semitropic fruit and flowers, and are reluctant to accept the statement that the Land of Sunshine—Southern Cali-

fornia—has a cooler and more endurable summer climate than most of the so-called "summer resorts," "watering places," "springs," etc., ad infinitum, that the Easterner flocks to in his locality.

As a matter of comparison, for the past month (August) the heat and its deadly effects in the East, sunstroke and heat-prostration, have been published in every newspaper in the land. Southern California, and particularly the seaboard counties, has been enjoying cool nights, bright sunshiny days and delicious sea breezes all the time! Quite a contrast, is it not? No one ever hears of sunstroke here. We don't have it!

It may be contended that any seacoast possesses the same advantages. For reply, see the columns of any New York daily paper, for the list of deaths due, directly and indirectly, to the fact that the thermometer had been ranging around 95 to 100 F.

The favorite resorts of the Californian in the summer are either at the seashore or in the mountain passes. At the former, boating, bathing and fishing may be indulged in, with the absolute assurance that the elements will be kind, and fortune smiling. Here no thunder-shower or electrical storm will spoil the day's outing, and when night comes the cool ocean breezes will waft the tired pleasure-seeker into Dreamland, where he may rest secure in the knowledge that the morrow's sun will rise on a fair and beautiful world, the air, sunshine, sea breeze and all being perhaps just a bit nearer perfection than yesterday.

This is a "glorious climate," where the babies laugh and play out of doors, the year round; where the sick man or woman can breathe the ozone-laden air, and woo back to its mansion the lost health, at all hours and in summer as well as winter.

Here's to Southern California, the summer and winter resort! C. G. S.

Physical Weaklings.

Apropos of Dr. J. C. King's masterly article entitled "Is the Course of Study in our Public Schools Detrimental to the Health of Pupils," which appeared in this journal for July, 1900, we publish the following from the Los Angeles Times of recent date:

"County School Superintendent Crawford of Alameda county has addressed an open letter to the boards of education at Oakland, Alameda and Berkeley, attacking the system of instruction in vogue in the public schools. He declares that it makes physical weaklings of pupils."

The pedagogues are beginning to waken up to a partial understanding of "Mens sana in corpore sano!"

C. G. S.

The Shirt-Waist Man.

The cool weather enjoyed by Los Angeles in August and September makes it unseasonable for the shirt-waist man, tho' he is with us. Now that this garment is a certainty of masculine attire, we may expect next the corset, bustle, hip-pads, rouge, powder, facial creams, etc., to be found on every man's toilet table. In their train will follow the usual dis-

eases due to poor circulation, impeded cutaneous activity, etc., all of which will put money in the doctors' pockets.

S.

Gastro-Intestinal Diseases.

The importance of the diseases of the digestive tract leads us to begin a department of Gastro-Intestinal Diseases, under the charge of Dr. L. G. Visscher, of Los Angeles, who is eminently qualified by education and training to make it interesting and instructive.

C. G. S.

The Place of Phosphorus in Therapeutics.

It is refreshing to read once in a while a paper devoted to the therapeutic uses of some of our standard drugs, which nowadays are too little studied and often neglected for new-fangled remedies of less activity and efficiency. Dr. L. Harrison Mettler, of Chicago, contributed to the Medical Review of May 12th an article on "The Use and Abuse of Phosphorus," which contained some valuable suggestions. He called attention to the fact that phosphorus and its preparations are especially useful as reconstructive stimulants to all the tissues and as special stimulants and nutritives to the osseous and nervous tissues; and also to the further highly important fact, that phosphorus in over-dose or pushed too long without intermissions, can over-stimulate and set up degenerative changes. Dr. Mettler has learned to rely upon the minimum doses as a rule, and even these he does not continue longer than ten days

or two weeks without a rest of a few days. He has found phosphorus itself, as in the elixir, oil or pill, the most satisfactory for the direct stimulation of the nervous system—more effective than the phosphid of zinc. For more general tonic effects he prefers the hypophosphites and glycerophosphates, the latter especially. For gastric and hepatic troubles sodium phosphate and other acid salts are best. In insomnia due to cerebral exhaustion, small doses of phosphorus have served him well, and the glycerophosphate of iron has often proved doubly effective in such cases. Next to insomnia he has found functional impotence the most favorable field for the employment of phosphorus. Besides its well-known efficacy in osteomalacia and rickets, he has seen some benefit from the use of phosphorus in locomotor ataxia.

Ozotone, a tonic preparation made by the Ozomoru Chemical Company, of Omaha, Neb., I have found is a handy method of giving phosphorus, as each fluid dram contains one one-hundredth grain of pure phosphorus in solution with nux vomica, cinchona, glycerine and aromatics.

C. G. S.

The Value of Chloretone.

The Therapeutic Gazette, in a recent editorial, says:

"Quite a year ago we published an editorial in which we spoke of our use of this new hypnotic substance in words of praise, and more recently we have spoken of it as having produced good results in our hands. Still fur-

ther experience with it increases our confidence in its therapeutic possibilities. We have seen it do much good in cases of obstinate vomiting following etherization for abdominal operations, when it seems to act as a local anesthetic in the stomach and also to produce nervous rest, quiet, and good sleep. It does not irritate the stomach as does chloral, but on the other hand exercises a sedative influence. We have never seen it produce any circulatory or respiratory depression when given in doses which were efficient as sleep-producers, although it is but fair to state that we have not employed it in cases which have been addicted to powerful narcotics for a long period of time. On the other hand, we have employed it in a number of instances where patients were accustomed to take considerable quantities of alcohol, although not excessive quantities, and have found that it acted very well. While there can be no doubt that it is best given in sugar-coated tablets, it is not to be forgotten that it can be given dissolved readily in a little warm water, as its taste is not sufficiently disagreeable to make its administration in solution at all difficult."

We can add our commendation to the above. C. G. S.

Cinching the Quacks.

The committee appointed by the Los Angeles County Medical Association reported at the meeting, on September 8, that two illegal practitioners, Yglesias and Perez, had been arrested and

fined \$200 each. Also that Thomas Powell had agreed to take in his signs, and quit the practice of medicine. The committee has evidence against several others, who will be vigorously prosecuted. S.

Oh! What a Difference.

"We are now approaching the season of closed street cars and the consequent lack of ventilation, accompanied by improper heating and an abundance of cold feet and the usual concomitant of colds in the head. Has any one ever attempted to mathematically calculate the loss of life from these causes? Here is an opportunity for the arithmetical crank."

Don't think the editor crazy for the above. It is a clipping from an Eastern medical journal. Quite a difference from Los Angeles weather at this season. S.

Medical Missionary Returns.

Dr. Gertrude Taft, who has been in China for the past five years as a medical missionary, is now at the home of her parents in this city, corner of Fifth and Hill streets. She is a graduate of the medical college of this city. During her residence in the flowery kingdom she has been physician at the Methodist mission school at Chinkiang, and the Yang Tse river, in the Kiangtse province, in which Shanghai is also situated. She fortunately escaped the Boxer uprising, being in Japan on a vacation.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this office.

Original articles, and reports should be written on one side of the paper only.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE SOUTHERN CALIFORNIA PRACTITIONER, should be addressed "To the Business Manager."

We cannot undertake to return MSS. not used.

Editorial Notes.

The Practitioner will have an article on the health resorts of Southern California in October. Order now!

At Strawberry Valley the work of building the new sanatorium has been commenced and will be continued with vigor until completion.

Dr. John William White has been elected by the trustees of the University of Pennsylvania to the John Rhea Barton Chair of Surgery at that University.

Great Britain is justly alarmed at the presence in London of Bubonic plague cases. Glasgow, Scotland, also has some cases.

New Orleans has several smallpox cases at the present moment.

The twenty-sixth annual meeting of the Mississippi Valley Medical Association will be held Tuesday, Wednesday and Thursday, October 9, 10, 11 next, under the presidency of Dr. Har-

old N. Moyer, of Chicago, at Asheville, N. C.

The American Association of Obstetricians and Gynecologists will hold its thirteenth annual meeting in the assembly room of the Galt House, Louisville, Ky., Tuesday, Wednesday and Thursday, September 18, 19 and 20, 1900, under the presidency of Dr. Rufus Bartlett Hall, of Cincinnati, O.

Messrs. C. E. Worden & Co. inform us that their new preparation, "Aperitivum Mite," is the result of numerous requests from physicians of all schools for a pleasant corrective and purgative for infants and children. While the ingredients are by no means new, and the proportions probably have been prescribed time and again, the profession has never had a preparation which would exactly fill the bill, and could be prescribed in any quantity desired. This preparation has been thoroughly tested in the various asylums, and found to be just what the doctors have wanted for a long time—a palatable, reliable, mild aperient, free from griping. We understand it can be used for infants a few days old, as well as for children up to eight years, in doses of from a few drops up to two teaspoonfuls.

Personal Mention.

Dr. E. Bennett, of San Antonio, is a visitor in Los Angeles.

Dr. M. B. Campbell, superintendent of the Hospital for Insane at Highlands, was a recent visitor in the city.

Dr. W. M. Edwards, of San Diego, visited Los Angeles in August.

Dr. Wm. H. Flint, of Santa Barbara, was a recent visitor in Los Angeles.

Drs. Taggart and Rathbone are in pleasant offices in the Byrne Building.

Dr. S. J. Quint has opened offices in the Potomac Block with Dr. Gordon.

Dr. and Mrs. T. L. Johnson, of Pomona, registered at the Hollenbeck in August.

Dr. Dudley Tait and family, of San Francisco, were recent visitors in Los Angeles.

Mr. E. R. Leibert, of Sharpe and Dohme, was in Los Angeles on business recently.

Dr. McBride, of Pasadena, accompanied by his family, are spending the month of September at Terminal Island.

Dr. Elizabeth A. Follansbee has gone to Boston to visit her mother, and will remain in the East several weeks.

Dr. Reynolds, a graduate in June, 1900, of the College of Medicine of Los Angeles, has been appointed assistant surgeon at the Soldiers' Home, Santa Monica.

Dr. F. F. Laird, on account of poor health, recently left Utica to make his home in Los Angeles. He is a very prominent homeopathic physician, and his fellows of that school

gave him a very complimentary send-off.

Dr. and Mrs. C. C. Park, of Montecito, were visitors in the city in August. They were at the Van Nuys.

Dr. Winslow Anderson and a party of San Francisco people visited Southern California points in August.

Dr. W. W. McKay, Jr., son of Dr. W. W. McKay, quarantine officer of San Diego, and who is a recent graduate of the Dental Department of the University of Pennsylvania, will make Los Angeles his home. He has an office with Dr. Cave in the Lankershim Block.

Discussion of Papers Read Before Southern California Medical Society Meeting, May 2 and 3, 1900.

PAPER.

Dr. E. W. Fleming, Los Angeles: "Report of case of Fibroma Involving the Tympanic Cavity."

DISCUSSION.

Dr. R. W. Miller, Los Angeles:

Such cases are rare. We all know the tendencies of fibroid growths to degenerate after operation. Never having seen a similar case, I cannot give the paper the discussion it merits.

PAPER.

Dr. George E. Abbott, Pasadena: "Pyorrhea Alveolaris, and its Relation to Surgery."

DISCUSSION.

Dr. Burnham, San Diego:

I think as surgeons we are too apt to neglect these minor troubles. I think that they should receive prompt attention. It has been my custom in

such cases to turn them over to a competent dentist.

Dr. Shurtleff, Los Angeles:

For the past four months I have associated with me in my office a dentist, and from him I have obtained some valuable ideas as to the treatment of this trouble. I myself at one time suffered from it, but by the local applications of tri-chloral acetic acid and tincture of iodine I have been cured. Usually, appropriate constitutional treatment is indicated.

Dr. Moody:

I had a case of a boy eleven years of age who suffered from persistent headache, though apparently well and strong. On making a careful examination I discovered that one of his teeth seemed to be infected, on the extraction of which considerable pus was evacuated and all the disagreeable symptoms immediately disappeared.

Dr. Baker, San Diego:

In the case of an old gentleman, seventy-five years of age, upon whom I successfully operated for cataract, there followed severe neuralgia in the other eye, with pathologic conditions amounting to acute glaucoma. The eye was removed, but the pain remained. On the suggestion of a dentist a search was made and the roots of several teeth extracted, whereupon the pain ceased. I have always thought that possibly had this procedure been resorted to first, the other eye might have been saved.

Dr. P. J. Parker, Riverside:

In all such instances care should be taken to effect a cure as soon as possible, because the continual presence of bad teeth in the mouth is apt to have a deleterious effect upon the stomach. I am accustomed to apply diluted sulphuric acid. These conditions are due to bacterial fermentation. We should seek for and remove the cause.

Dr. Abbott (closing):

I combine with good results whatever medication I use—iodine, tri-chloral acetic acid or diluted sulphuric acid—with pyrozone.

PAPER.

Dr. Idris B. Gregory, Ontario: "Occipito-Posterior Positions."

DISCUSSION.

Dr. Charlotte Baker, San Diego:

I wish to emphasize the necessity of early recognition of the position before rupture of the membranes, in which case the position can frequently be corrected by external manipulation. Dr. C. C. Browning, Messina:

I would like to call attention to a method that has been suggested, which I tried once with satisfactory results, and that is the application of the forceps in posterior positions, inverted. When using the forceps in this manner, bring the patient well over the bed, so that the occiput occupies the hollow of the sacrum.

Dr. Gregory (closing):

Dr. Browning's suggestion is a good one, but it must be used early, for ordinarily the forceps are not employed until the head is well engaged.

Where Our Busy Doctors Spent a Well-Earned Rest.

Strawberry Valley was the favorite. It was visited by the following in July and August: Drs. Bicknell, Smith, Lindley, Beckett, Philp, Barber, Brainerd, Stivers.

Catalina Island attracted its full share—Drs. Brainerd, Barnard, Quint, Burke.

The following fishers of finny folk delved into the fastnesses of the King's and Kern River region: Drs. Bicknell, Smith and Taggart.

New Licentiates.

Office Board of Examiners,
Medical Society State of California,

1104 Van Ness Ave., San Francisco.

At a meeting held August 7, 1900, the following certificates were granted:

- 5640 Mathewson, Carleton, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5641 McCombs, Virgil J., Los Angeles, Coll. of Med. Univ. of Southern Cal., June 14, 1900.
- 5642 McRae, Donald M., Oakland, Cooper Medical College, Cal., June 5, 1900.
- 5643 Mutchmor, John T., Alameda, Univ. of Manitoba, Canada, April 7, 1896.
- 5644 Myers, T. Chalmers, Los Angeles, Coll. of Med. of Southern Cal., June 14, 1900.
- 5645 Noble, Maude, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5646 Noble, Paul B., San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5647 Osmer, William, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5648 Parker, William H., Orange, Med. Dept. Univ. of Buffalo, N. Y., Feb. 21, 1881.
- 5649 Pope, Saxton Temple, San Francisco, Med. Dept. Univ. of California, May 16, 1899.
- 5650 Pullen Albert J., Greenfield, Mass., Med. Dept. Univ. of South Sewanee, Jan. 14, 1899.
- 5651 Raynes, Francis Edward, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5652 Baker, Charles Reinhold, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5653 Reynolds, Frederick W., Los Angeles, Coll. of Med. Univ. of Southern Cal., June 14, 1900.
- 5654 Rinckoldt, Arthur, New Haven, Conn., University of Tena, Germany, June 23, 1865.
- 5655 Sawyer, Frank Everett, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5656 Scaperone, Carlo Gio Gaioms, San Francisco, University of Turin, Italy, July 19, 1890.
- 5657 Seemann, Frederick A., Templeton, Rush Medical College, Chicago, Ill., May 26, 1897.
- 5658 Snow, William Freeman, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5659 Southworth, Henry Edgar, Stockton, Cooper Medical College, Cal., June 5, 1900.
- 5660 Stile, John, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5661 Thompson, Ernest Eugene, Red Bluff, Cooper Med. College, Cal., June 5, 1900.
- 5662 Thompson Eugenie Gabelle, Stockton, Coll. Phys. and Surg., Kansas City, Mo., April 1, 1897.
- 5663 Thrasher, Carroll, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5664 Watson, Dorothea, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5665 Wemple, Emmett L., San Francisco, Med. Dept. Univ. of California, May 15, 1900.
- 5666 Wheat, J. Edgar, Los Angeles, Coll. Med. Univ. of Southern California, June 14, 1900.
- 5667 Wilson, J. E., Los Angeles, Jefferson Medical College, Pa., May 15, 1895.
- 5668 Wisner, Jessie E., San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5669 Bauer, William John, San Francisco, Med. Dept. State Univ. of Iowa, March 28, 1900.
- 5670 Chamberlin, Sherman, Clio, Iowa, Barnes Medical College, Mo., March 17, 1896.
- 5671 Hill, Aymer L. C., Jericho Center, Vt., Med. Dept. Univ. of Vermont, June 30, 1898.
- 5672 Jackson, Edward Lorne, Hamiota, Can., Univ. of Manitoba, Canada, April 7, 1896.
- 5673 Kearney, Elizabeth F., Los Angeles, Keokuk Medical College, Ia., March 8, 1892.
- 5674 La Moree, De Witt M., Portland Or., Albany Medical College, N. Y., Dec. 22, 1870.
- 5675 McNaughton, James A., Vancouver, B. C., Univ. of Toronto, Canada, March 5, 1893.
- 5676 Moody, Robert Orton, Pasadena, Med. Dept. Yale Univ. Conn., June 27, 1894.
- 5677 Mosher, Clelia Duel, Palo Alto, Johns Hopkins Univ. Baltimore, Md., June 12, 1900.
- 5678 North, Francis Elbert, San Francisco Coll. Phys. and Surg., Chicago, Ill., April 18, 1900.
- 5679 Peck, George William, Elgin, Rush Medical College, Ill., March 25, 1890.
- 5680 Trappe, Kurt, Los Angeles, Univ. Halle, Germany, August 11, 1892; Sup. Board Ex., Berlin, Germany, March 10, 1892.

MEDICAL DEPARTMENT UNIVERSITY OF CALIFORNIA.

- 5681 Girout, Edward David, San Francisco, May 17, 1898.
- 5682 Laughlin, Clyde Briggs, San Francisco, July 24, 1900.
- 5683 Redington, Vida, Oakland, May 16, 1899.
- 5684 Beck, Edna L., Berryessa, Cooper Medical College, Cal., June 5, 1900.
- 5685 Gunn, Francis George, Kelseyville, Cooper Medical College, Cal., June 5, 1900.
- 5686 Peck, Allen Earle, San Francisco, Cooper Medical College, Cal., June 5, 1900; College of Phys. and Surgs., San Francisco, Cal., July 5, 1900.
- 5687 Beattie, William George, San Francisco, July 5, 1900.
- 5688 Besson, Edward Aubert, San Francisco, July 5, 1900.
- 5689 Booth, Joel Clarence, San Francisco, July 5, 1900.
- 5690 Buell, William Eugene, San Francisco, July 5, 1900.

5691. Burks, W. T., Fresno, July 5, 1900.
 5692. Coney, Elmer J., Fresno, July 5, 1900.
 5693. Crook, Anna Lawson, San Francisco, July 5, 1900.
 5694. Dodsworth, Robert Metcalf, Azusa, July 5, 1900.
 5695. Hill, James David, San Francisco, July 5, 1900.
 5696. Huntington, Ralph Addison, San Francisco, July 5, 1900.
 5697. Kirk, Albert W., San Francisco, July 5, 1900.
 5698. Knowles, Calvin W., San Francisco, July 5, 1900.
 5699. Laist, Otto, San Francisco, July 5, 1900.
 5700. Lewis, Arthur Parker, San Francisco, July 5, 1900.
 5701. Mallory, George Washington, San Francisco, July 5, 1900.
 5702. Peirsol, Frank Clayton, San Francisco, July 5, 1900.
 5703. Peters, William, San Francisco, July 5, 1900.
 5704. Plymire, Harry Garritson, San Francisco, July 5, 1900.
 5705. Satterlee, Frank P., Dean, Nev., July 5, 1900.
 5706. Spriggs, Gertrude Anna, San Francisco, July 5, 1900.
 5707. Troppmann, Charles Martin, San Francisco, July 5, 1900.
 5708. Veale, Almer Fletcher, San Francisco, July 5, 1900.
 5709. Wahl, Hugo A., San Francisco, July 5, 1900.
 5710. Williams, Benjamin Francis, San Francisco, July 5, 1900.
 5711. Wood, Eugene G., Oakland, July 5, 1900.
 5712. Zachariah, Simon R., San Francisco, July 5, 1900.

CHAS C. WADSWORTH, M.D.

BOOK REVIEWS

ESSENTIALS OF MEDICAL AND CLINICAL CHEMISTRY—With laboratory exercises. By Samuel E. Woody, A.M., M.D. Fourth edition revised, enlarged and illustrated. Price \$1.50. P. Blakiston Sons & Co., publishers, 1012 Walnut St., Philadelphia.

This fourth edition has been largely rewritten, especially the clinical portion. It is a brief text book and laboratory guide, covering thoroughly the field of both inorganic and organic chemistry, while part iii is confined to clinical work, and takes up in a concise manner the analysis of urine, milk, saliva and gastric juice, ferments, and the metric system. It will be noticed that the experiments are so simple as to require only such apparatus as the general practitioner has or should have in his office.

ATLAS AND EPIHOME OF GYNECOLOGY.

By Oskar Schaeffer, Privat-docent of Obstetrics and Gynecology in the University of Heidelberg. Authorized translation from the second revised and enlarged German edition, edited by Richard C. Norris, A.M., M.D., with 207 colored illustrations on 90 plates, and 62 illustrations in the text. Price \$3.50. Philadelphia, W. B. Saunders & Co. 1900.

This is the greatest achievement yet in the series of the epoch-making Saunders' Medical Hand Atlases. It is eminently practical. As an appendix there is a unique therapeutic table

which is valuable. The illustrations are excellent and the text accompanying is brief and to the point.

DUANE'S MEDICAL DICTIONARY—New (3rd) edition. A Dictionary of Medicine and the Allied Sciences. Comprising the pronunciation, derivation and full explanation of Medical, Pharmaceutical, Dental and Veterinary terms; together with much collateral descriptive matter, numerous tables, etc. By Alexander Duane, M.D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; Reviser of Medical Terms for Webster's International Dictionary. In one large square octavo volume of 656 pages, with 8 full-page colored plates. Cloth, \$3.00, net; full flexible leather, \$4.00, net. Lea Brothers & Co., Philadelphia and New York.

The present edition of this very satisfactory work contains a vast amount of new material, representing the great advances made in all branches of medicine since the previous edition was issued. It is rather remarkable that the two great medical lexicographers, Duane and Gould, should each be oculists.

LESSONS ON THE ANATOMY—Physiology and Hygiene of Infancy and Childhood for Junior Students. Consisting of extracts from lectures given at Rush Medical College. By Alfred C. Cotton, A.M., M.D. Price \$1.50. Chicago Medical Book Co., 35-37 Randolph St., Chicago.

This volume occupies an entirely

new field, as we have as yet had no publication dealing exclusively with the fundamental subjects of anatomy, physiology and hygiene of the developing period. It seems to us that this work presents a good foundation upon which to build a well-rounded medical education.

Dr. Cotton has drawn liberally on the X-Ray for his illustrations, but there are many others also that are from photographs and drawings. In the last chapter on physiology and hygiene the author says: "The child under six is especially fortunate if he live in the country, where nature furnishes a great kindergarten for the symmetrical development of all his faculties. The kindergarten of the city is but a makeshift called into existence by the artificial environment of the home. Children should not be urged to occupations requiring refined differentiations, whether in the use of the needle, pencil, musical instrument, or in the study of numbers. The artistic products of the kindergarten displayed by proud parents and teachers as evidence of the progress in the little pupil's training too often suggests the fearful cost to future development of the over-strained faculties exercised in their production. That the children enjoy it should have no more weight than that the athlete enjoys the victory in the contest which ruined his heart. We believe that the trend of Dr. Cotton's ideas in regard to the kindergarten is correct—kindergartens are an excellent substitute for a home where the child has no home, but at best the kindergarten is but a substitute.

This is a very useful volume—one that will give satisfaction to all who may purchase it.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX—A work of Reference for Medical Practitioners. 1900. Eighteenth Year. E. B. Treat & Co., New York and Chicago. Price \$3.00.

This work has stood the test for eighteen years and presents for the present year a volume which, if anything, is more interesting and instructive than those which have preceded it.

Part 1, which deals with Therapeutics, by Wm. Murrell, M. D., F. R. C. P., continues the lamentation of the preceding Annual, that "the past twelve months have brought forth no pharmacological contributions of primary importance, and even good therapeutical papers have been wanting." It continues by saying: "A race of men is growing up which knows nothing about drugs or their actions, and which is often incapable of prescribing the simplest mixture." However, he makes some exceptions to the foregoing in speaking of the work that has been done along the lines of glandular extracts and serum treatment. He speaks especially of the good that has been accomplished through thyroid and supra-renal capsule preparations. He makes considerable comment upon the different serums in use. Concerning the tuberculin R., he says: "It is undoubtedly useful in some cases of phthisis, the great drawback to its more general employment being the absurdly large price at which it is sold." On page 243, on the treatment of hemorrhoids, Laplace is quoted as saying that "the clamp and cautery is the best operation at our command for the permanent cure of hemorrhoids in general." There is a very comprehensive article on "Diseases of the Heart," which covers some twelve or fifteen pages. In this article, on page 254, are some very interesting statements by Theodore Williams for the guidance of medical examiners in life insurance, where certain pathological conditions of the heart and pericardium exist. Under the subject of "Hernia," on page 265, considerable comment is given to a paper by Bull and Coley. Their deductions are

drawn from four hundred operations for radical cure. They are quoted as saying that they agree, with Mikulicz, "That the danger of infecting the wound increases with the length of the operation."

THOMPSON'S PRACTICAL MEDICINE—A Text-Book of Practical Medicine. By William Gilman Thompson, M.D., Professor of Medicine in Cornell University Medical College, New York City, Physician to the Presbyterian and Bellevue Hospitals, New York. In one magnificent octavo volume of 1010 pages, with 79 engravings. Cloth, \$5.00, net; leather, \$6.00, net; half Morocco, \$6.50, net. Lea Brothers & Co., Philadelphia, publishers.

Here we have a bright, fresh treatise that is by no means a compilation. Throughout the work are numerous valuable, original observations of the author. The chapter on typhoid fever is particularly useful. The following formula for disinfection of stools is very efficient:

R Hydragryri chloridi corrosivi, 1 oz.
Acidi hydrochlorici (com.), $\frac{1}{2}$ oz.
Aquae 4 gal.

His directions for convalescent diet in typhoid fever are both concise and practical. The author also lays especial stress on the diet in la grippe or influenza, saying that during the fever the stomach is irritable and food should be restricted to broth, milk or koumyss; in the worst cases an exclusive milk diet of two or two and one-halves quarts per day should be ordered. As improvement begins, broth of mutton, chicken or beef, taken with rice or egg-albumen or reinforced with one of the best meat extracts, should be given every two hours, alternating with egg-nog, milk punch, milk toast, or custards. As soon as solid food is tolerated, soft-cooked eggs, poached or scrambled, scraped beef sandwiches, oysters, breast of chicken and light farinaceous foods with cream may be eaten. Everything depends upon maintaining good nutrition to counteract the debility which is so often prolonged and combat the tendency to cardiac irritability and muscular or nervous

prostration. Patients should be encouraged to take all of such foods of those mentioned which they can possibly assimilate. If milk agrees, a quart or more should be drunk daily in addition to the articles of solid diet. Attention should be paid to the proper serving of foods to tempt the appetite. The illustrations are all of a graphic, practical nature.

ATLAS AND EPITOME OF DISEASES CAUSED BY ACCIDENTS—By Dr. Ed. Golebiewski of Berlin. Authorized translation from the German, with editorial notes and additions, by Pearce Bailey, M.D. 40 colored plates, and 143 illustrations in black. Philadelphia: W. B. Saunders & Co. 1900. Price \$4.00, net.

This book does not speak alone of accidents, but rather diseases caused by accidents, dealing especially with the symptomatology of the sequels of the various forms of injuries. It therefore is useful to the student, to the practitioner and to those whose interests are connected with accident insurance. The book is made exceedingly attractive and useful by the large number of illustrations in black and colored plates.

CLINICAL EXAMINATION OF THE URINE AND URINARY DIAGNOSIS—A Clinical Guide for the Use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M.D., Instructor in Chemistry, Harvard University Medical School; Assistant in Clinical Pathology, Boston City Hospital; Medical Chemist to the Carney Hospital; Visiting Chemist to the Long Island Hospital, Boston. Illustrated. Philadelphia: W. B. Saunders & Co. 1900. Price \$3.00, net.

This admirable work not only covers the ground of urinary analysis, but also the subject of urinary diagnosis and the application of information furnished by examination of the urine. The author, in his preface, makes this statement, which seems to be carried out completely: "My chief object in presenting this work is to furnish the student and practitioner with a more complete clinical guide to urinary diagnosis than I have heretofore met with in a single volume."

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NEUROSINE vs. PAIN.

NEUROSINE, THE RELIABLE PAIN RELIEVER. "The safest substitute for opium, morphine or chloral. Contains no deleterious or "habit-inducing" drugs. No detrimental after-effects. The remedy par-excellence in hysteria, epilepsy, mania, chorea, neurasthenia, migraine, neuralgia, alcoholism, insomnia, all convulsive and reflex neurosis, and restlessness of fevers producing natural sleep. It is unequaled wherever a neurotic, anodyne, hypnotic or antispasmodic is indicated. Neurosine is efficient as a genito-urinary tonic, in sexual debility and impotence has shown marvelous power.

California Pharmacal Company,
San Francisco, Cal.

Gentlemen: Having used your remedy Vita Aurantii (Haber) with such complete satisfaction in cases of anemia and chlorosis, I was tempted to try it for emesis as was suggested and can assure you that, while I was somewhat sceptical at first, I have been more convinced of the truth of your claims and am happy to add my testimony to the others which are bound to come to you. Faithfully yours, ———, Los Angeles, Cal. Dec. 22, 1899.

CAUTION REGARDING HEROIN.

The April Druggists' Circular and Chemical Gazette says in substance: Under the above heading, we mentioned in our March issue two cases in which persistent vomiting followed the use of this drug, in one of which a fatal termination was at least partly chargeable to this action. These cases, as we stated in our note, were reported by Dr. Thomson in the New York Medical Journal. This report has brought to the Journal from Dr. Wm. J. Robinson, a statement of two cases in his own practice, of a similar nature. Dr. Robinson suggests

that there is a possibility that heroin, which is diacetyl-morphine, may in such cases have become transformed into apomorphine or some similar body. Dr. Manges calls attention in the same journal to a statement of his in a report on a study of heroin, that "vomiting might occur after its use." He makes it a rule to tell patients that when vomiting does occur to discontinue the drug. The doses given in the case that ended fatally he thinks were excessive. These new statements add further proof to the uncertain action of the drug; and we think that it is quite plain that it needs more watching than opiates in general. The untoward and even serious after-effects of heroin bring forcibly to mind the many excellent and time-tried remedial qualities of codeine—always safe, always certain and uniform. The combination of codeine with antikamnia presents a most desirable mode of obtaining the full value of these two excellent remedies and there is no better form in which to exhibit them than in the well known antikamnia and codeine tablets, each containing four and three-fourths grains antikamnia and one-fourth grain codeine.

URIC ACID AND ITS ELIMINATION.

Editorially (The Medical Brief, February, 1900) this vital subject is ably considered. Investigation strengthens the belief that eating too much meat is responsible for the formation of uric acid in disease-producing quantities. To dispose of meat satisfactory gastric digestion must be active, the constitution well supplied with fluids and the organs more or less actively engaged in growth and development. These conditions cease to exist when adult life is reached and the requirements of the constitution are chiefly for food to supply energy, heat and vital stimulus.

OUR ADVERTISERS.

At this period in life a small amount of meat or other albuminous food will suffice especially in torpid systems or persons of sedentary habits. The symptoms caused by an excess of uric acid depend upon the degree of saturation and whether these morbid products are circulating in the blood or are precipitated in the tissues or joints. The susceptibility of the various organs and the constitution of the individual also help to determine the symptoms; one person may have asthma, another an irritable bladder and another sick headache or rheumatism. In the treatment diet is highly important. Meat once a day is often enough. Fresh fruit, especially apples, should be eaten in abundance. Tomatoes are excellent, so is asparagus. Baked bananas and well-done rice are excellent substitutes for meat. Pure honey is always allowable. In uncomplicated cases lithiated hydrangea will be the only remedy needed in addition to dietetic reform and plenty of water.

RECENT BEQUESTS.

A contribution of \$100,000 has been made to Harvard University Medical School for the investigation of cancer.

A bequest of \$5000 has been left to the Syracuse Woman's and Children's Hospital.

By the will of Jacob Jay Vandegrift, of Pittsburg, \$2500 has been left to the Allegheny General Hospital; \$2500 to the West Penn. Hospital, and \$2500 to the Pittsburg Free Dispensary and \$100 to the Home for Incurables, all of Pittsburg.

By the will of the late Roswell D. Lyman, \$25,000 is bequeathed to the Stuart Ryburn Memorial Hospital, Ottawa. It is stated that the will is to be contested by relatives of the testator.

The Orthopedic Hospital in Philadelphia gets a bequest of \$10,000 by the will of the late Anna S. C. Blake, of Santa Barbara, Cal.

The New England Hospital for Women

and Children, at Boston, gets \$2,000 by the will of the late Benjamin Sweetser.

The Norwalk, Conn., Hospital gets \$3,544.11 by the will of the late Ann E. Lockwood.

The will of the late Anna S. C. Blake, of Santa Barbara, Cal., provides \$10,000 with which to provide a bed in the Massachusetts General Hospital, at Boston.

AN INSTRUMENT OF PRECISION.

"What is a stethoscope and what is it used for?" asked the professor of the class in anatomy.

"The stethoscope," answered the pupil at the pedal extremity of the class, "is a sort of microscope used by a doctor for the purpose of looking into the chest of a patient with his ear."—Chicago News.

GONORRHEA, GLEET AND LEUCORRHEA.

Kennedy's White Pinus Canadensis gives perfect satisfaction in gonorrhea and gleet; have used it in cases within the last six months that resisted all other remedies. Have also used it successfully in all cases of leucorrhea and ulceration of the os uteri. I am highly pleased with its effects, and certainly recommend it to the profession. The White is preferable—leaving no stain on the clothing.—J. R. Wilcox, M.D., Colorado Springs, Colo.

A UNIQUE CASE

Doctor R.: I've got a case that puzzles me.

"What is it?"

"A Philadelphia man with insomnia."

ESKAY'S FOOD.

The readiness of prominent physicians to recommend Eskay's Food in reporting their clinical experiences shows how completely this most excellent product has gained their confidence.—Monthly Cyclodedia of Practical Medicine, February, 1900.

OUR ADVERTISERS.

"VIN MARIANI" is essentially the brain and nerve tonic of those who have talent and genius. These it is who compose the great army of intellectual workers, and the ravages made upon their nervous systems by the demands made upon them are at times truly appalling. This damage and consequent drain yield to nothing more quickly than to "Vin Mariani." The most noted European physicians, literateurs, musicians, singers, artists and diplomats have sent the most flattering letters to M. Mariani extolling his product. Not only these, but crowned heads as well, have been mentally invigorated and rejuvenated by "Vin Mariani," and never tire of speaking words in its praise. It must be acknowledged that unsolicited testimonials, couched in such glowing terms, from such sources, are the best evidence possible that can be offered for the merits of the preparation. When "Vin Mariani" becomes as well known in this country as it is in Europe, it will be adopted as one of the indispensable remedies in the household.—The St. Louis Medical and Surgical Journal, May, 1899.

SANMETTO IN PROSTATITIS AND CYSTITIS.

Dr. F. R. Dobson, of New Orleans, La., late surgeon U. S. A., writing, says: "While surgeon in First Division Hospital, stationed at Jacksonville, Fla., I had occasion to see an interesting case of prostatitis treated with Sanmetto, with entire success. The patient was a private in the Second Nebraska Volunteers, and his condition upon entering the hospital was deplorable, the bladder being distended with urine, the overflow dribbling constantly. His condition was traceable to gonorrheal infection. Since my return to New Orleans I treated with

Sanmetto a case of purulent cystitis, which had resisted all other treatment. The result of the taking of one bottle of Sanmetto was permanent relief."

SIMPLE FEVER.

Let us not forget simple fever. Although all the standard writers on practical medicine devote a chapter to simple fever or febricula, we will find that many physicians fail to recognize the affection, and often pronounce this fever remittent, intermittent, typhoid, and even other fevers.

In this fever all we need is a remedy that will bring down the high temperature, and which will at the same time overcome the headache and restlessness which are agonizing symptoms.

To produce the desired effect nothing will bring such good results as Salfene. This should be given to an adult in doses of ten grains every four hours—to children in proportion.

AMENORRHEA.

Dr. C. C. Abernathy, of Pulaski, Tenn., writes: "I prescribed Dioburnia (Dios) for a young lady who had been suffering from Amenorrhea for six months, with instructions to report results. At the expiration of two months she wrote: 'I am entirely relieved.' Encouraged by this gratifying result, I prescribed Dioburnia in the treatment of Dysmenorrhea, Leucorrhea and Menorrhagia, in all of which there was, as is usually the case, congestion of the womb and ovaries, and it acted well in every case. I shall continue to use it."

SANMETTO ONE OF OUR POSITIVE REMEDIES; ONE OF OUR FEW THERAPEUTIC CERTITUDES.

I think I am almost peculiar in my practice of not recommending proprietary medicine. The merits of San-

OUR ADVERTISERS

metto are such, however, that I cannot refrain from adding my testimony relative to its merits. I have used it quite extensively, and it has never disappointed me. It is one of our positive remedies; indeed, it is one of our few therapeutic certitudes. I heartily commend it to the confidence of all physicians.

W. C. COOPER, M. D.

1865 Cincinnati Ecl. Institute; Mem.

Ohio State Ecl. Med. Soc., Author of
"Tethered Truants."

Cleves, Ohio.

Dr. Osler, of Johns Hopkins University, in a recent paper stated: "Arrest or cure of tuberculosis is a question entirely of nutrition, and the essential factor is so to improve the resisting forces of the body that the bacilli cannot make further progress, but are so hemmed in that they are either prevented effectually from breaking through the intrenchment, or, in rare cases, they are forced to capitulate and are put to the sword."

Clinical experience has demonstrated beyond a doubt that Angier's Petroleum Emulsion with Hypophosphites fully meets the foregoing conditions. Its efficacy in relieving the distressing cough of Phthisis has been recognized from the first, but it is only within recent years that the medical profession have begun to fully appreciate the importance of its action in the digestive area and its powerful influence upon the nutritive processes. Stimulating the appetite, anti-fermentative, soothing, healing, it not only checks noxious chemical fermentation, and the absorption of such noxious fermented residuum of digestion in the blood, but it soothes and cleanses the entire mucous surface, producing a more healthy tone and power of assimilation, and leaving the digestive organs in a condition to better perform their natural functions. With the improvement of the process of diges-

tion, assimilation and nutrition, the condition of the diseased lungs must of necessity improve.

"The results of Hagee's Cordial of Cod Liver Oil Compound have been most remarkable. For sub-acute and chronic bronchial and pulmonary troubles it is the ideal compound. As a reconstructive to the tissues and nerve tonic I have found nothing to equal it. It is non-irritating to the stomach and freely absorbed and assimilated."—John W. Vaughan, M. D., Professor of Orthopedic and Clinical Surgery, Barnes' Medical College, 1101 North Vandeventer avenue, St. Louis.

ORANGE JUICE IN SCORBUTIC JOINT SYMPTOMS.

Dr. Glentworth R. Butler (Brooklyn Medical Journal, June) records a case of scurvy, at first mistaken from its articular manifestations for acute rheumatism, but diagnosticated by an ecchymotic eruption and the failure of salicylates to relieve, in which the administration of orange juice caused an extremely rapid disappearance of the joint symptoms and excessive tendencies.

The Vita Aurantii (Haber) made by the California Pharmacal Company, combines the alkaline phosphates with iron and manganese peptones, and the juice of the whole California orange.

Wm. Geddes, M. D., 1720 Fourteenth St., Washington, D. C., says: Aletris Cordial has proven, in a case of dysmenorrhea of some years' standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the Aletris Cordial, and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to continue the use of Aletris Cordial in all such cases, and wherever a uterine tonic is indicated.

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SOLUBLE POWDER-CAPSULES

In reviewing our pages we notice with especial interest the announcement of the Messrs. Wyeth & Bro., manufacturing pharmacists of Philadelphia, of their "Soluble Powder-Capsules." The brief yet accurate description given of this new laboratory product again emphasizes the skill of this firm, marking not only a new and original idea but a further and most progressive step in pharmacy. The objections which have always attached heretofore in greater or less degree to the coating or enclosure of medicines, vanish with the era of "Soluble Powder-Capsules." Drugs, in fact all the solid as well as some liquid, forms of the materials of medicine are susceptible of this process; no previous or other preparation, or manipulation, being required, save that of reduction to state of powder, thus the original and unaltered state of purity and efficacy is assured. Our desire, therefore, is to direct the attention of physicians and pharmacists to this improved method and result.

THE SANATORIUM FOR CONSUMPTIVE SOLDIERS.—The sanatorium for consumptive soldiers at Fort Bayard, N. M., was recently opened. Three of the barracks buildings and most of the quarters for officers are in use. The buildings are of brick, have wide verandas, an amusement room with billiard and card tables, and a library, with periodicals and newspapers. There are accommodations for 100 patients, and next year room will be made for 200 more. The invalids are required to spend the greater part of the day in the open air. Twenty patients have already arrived, and many more are on the way. The Sanatorium is under the care of Dr. Daniel M. Appel, surgeon United States Army, who has a staff of three nurses and thirteen assistants.

CASCAROMA.

Among the preparations advertised in the present issue by Worden & Co., we want to call special attention to Cascaroma. It is essentially an aromatized Fl. Extract Rhamnus Purshiana, the strength of U. S. P. Fl. Ext. The preparation is exceedingly pleasant to the taste and gives all the characteristic effects of Cascara. We are informed that the manufacturers retain the bitter principle, but disguise it completely, consequently it does not depend on the addition of other drugs for effect. We have often been disappointed in Aromatic Cascara, and should rejoice if in Cascaroma we find the much longed-for preparation. Cascara preparations have been so persistently perverted, that many physicians have become sceptical as to results, but that is hardly a valid reason why they should abandon this valuable drug when presented in a proper form.

WHAT WE CLAIM FOR GUDE'S PEP-TO-MANGAN.

What we claim for Gude's Pepto-Mangan, and the same has never been refuted, is that the metals, Iron and Manganese, exist in an organo-plastic form, the solution being positively neutral in reaction. The metals are held in perfect solution as True Peptonates, being produced by a process heretofore unknown. This preparation, Gude's Pepto-Mangan, when taken into the stomach undergoes no chemical change whatsoever. Being practically pre-digested, it is readily absorbed by the mucous membrane of the stomach, the process of assimilation is easy, and the metals are taken up by the blood immediately.

Commercial solutions of Iron and Manganese are made with the aid of Acids or Alkalies, and notably the latter; that is, they are held in solution in the presence of a comparatively large quantity of Caustic Soda, which neu-

OUR ADVERTISERS.

tralizes, to a certain extent, the Hydrochloric Acid in the stomach, and liberates Oxides of Iron and Manganese. The latter, through the action of the Hydrochloric Acid of the gastric juice, are converted into chlorides of these metals, and thus cause a caustic action upon the gastric mucous membrane. This has been proven by Prof. Bunge, as shown in his very able article read before the Congress of Medicine at Munich, 1895.

HOMEOPATHY IN BAVARIA.—At a recent meeting of the Financial Committee of the Bavarian Parliament Herr Landmann proposed that a university chair of homeopathy should be established in the University of Munich. The minister replied that the university, to which the question had been referred, had replied that the need of such a chair was not felt, inasmuch as homeopathy was not a science. A similar in-

cident, which ended in like manner, occurred not long ago in the Wurtemberg Lantag.—British Medical Journal.

The doctor men are chasing
The microbes near and far,
They are all bent on placing
The crawlers in a jar,
But they overlooked a matter—
An important little worm—
That is wont to widely scatter.
It's
the
cold
feet
germ.

**Worth
Catching.**

—Salt Lake Tribune.

We get into the world for nothing
But find, as we wander about,
Though we're saving and "cheap"
it will
Cost us a "heap"
Before we can ever get out.

**All Must
Pay the
Price.**

—L. A. W. Bulletin.

And a doctor is usually at the start and finish.

Remember...

We will move into our new quarters,
110-112 North Broadway, February 1st.
New Type, New Presses, New Bindery.
Most complete printing and binding
house west of the Mississippi : : : :

**The Times-Mirror Printing
and Binding House.**

SOUTHERN CALIFORNIA PRACTITIONER.

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INFUSION OF NORMAL SALT SOLUTION IN DISEASE.*

BY JOHN R. HAYNES, M.D., LOS ANGELES, CAL.

Since the middle of the seventeenth century many substances other than remedies used hypodermatically have been injected into the circulation in the treatment of acute anemia from hemorrhage, shock, septicemia, uremia, comatose state in diabetes-mellitus and the toxemias of infectious fevers.

Blood direct from donor to patient, blood de-fibrinated, blood mixed with liquor ammonii, blood mixed with sulphate of potassium and in varying quantities with saline solutions, milk and saline solutions, the latter varied in number and amount of ingredients, but all based upon the normal blood serum, have at different times been used.

There are certain physicians of large experience who add other salines to the normal salt solution:

IN CHOLERA.

Dr. H. A. Hare, of Philadelphia, believes the ideal solution to be:

Gms.

Calcium chloride 0.25
Potassium chloride 0.1
Sodium chloride 9.0
Sterilized water, c. m...100.

Prof. Hayem, the French clinician, uses

Sodium sulphate 10.
Sodium chloride 5.
Distilled water, c. m....1000.

Dr. Heyse, of Hamburg added 13-4 drachms of alcohol to 1 quart of normal salt solution.

Dr. Gaillard, of Havre, adds 2½ drachms of sulphate of sodium to 1 quart normal salt solution.

Dr. N. W. Johnson, Washington, D. C., used 45 grains each of hyposulphite

*Read before the Southern California Medical Society, May 3, 1900.

of soda and carbonate of soda, and 1 drachm of the chloride to 1 quart of water.

Dr. Nicholas Durantz uses:

Chloride of sodium 5.0
Hydrate of sodium 1.0
Sulphate of sodium 2.5
Water, c. m.1000.

Dr. Linns uses:

Sodium chloride40 grs.
Sulphate sodium..2½ drachms.
Distilled water1 pint.

IN PNEUMONIA.

Dr. Pellegrine uses:

1 per cent. solution of chloride
of sodium and
½ of 1 per cent. of bi-carbon-
ate of soda.

Dr. Galvanzi of Modena claims to be universally successful with a mixture of:

Gms.

Sodium chloride0.75
Sodium bi-carb.0.50
Water.....6½ fluid ounces.

IN DIABETIC COMA.

Dr. Herzog of Berlin uses from 3 to 5 per cent. of bi-carbonate of soda or chloride of sodium.

Dr. Dickinson of London uses a solution of sodium chloride, potassium chloride, sodium phosphate, sodium sulphate and sodium bi-carb.

Dr. Lepine uses:

Sodium chloride....1 drachm.
Sodium bi-carb..2½ drachms.
Water1 quart.

But thousands of experiments upon human beings and upon animals by hundreds of experimentors have proven most conclusively that for efficiency, freedom from danger and ease of administration the sub-cutaneous injection of normal salt solution (hypodermoclysis), 6 drachms of sterilized salt to 1 gallon sterilized water, at a temperature of from 110 to 120 degrees F., excels any and all things that have ever been used to relieve those suffering from shock and from the ef-

fects of hemorrhage, and as an eliminant in septic and toxic conditions.

When life is almost extinct and the patient's vitality so low that the probability of absorption from the sub-cutaneous spaces is slight, or where the tissues are edematous, then the solution should be injected into a vein, although the dangers of injection of air, too rapid distention of heart, phlebitis, thrombosis and embolism should always be borne in mind.

MODE OF ACTION.

The heat of the salt solution is a direct tonic to the sympathetic nerve centers, and to the muscles of the blood vessels, causing the latter to contract and thus overcoming the anemia of brain and heart produced by shock.

The solution acts as a tonic to the heart by distending its chambers with increased bulk of hot liquid.

It has a direct germicidal action upon bacilli in the blood and in the tissues. It washes out the tissues and the blood, dissolving the toxins and urea and other excrementitious products, and passes through the kidneys almost as fast as it is introduced under the skin, or into the veins, after any deficiency in amount is made up. If the administration of salt solution is continued long enough, the kidneys which secrete under its influence from 8½ to 15 times the usual amount of urine, will, after a time, secrete simply normal salt solution, this increase commencing within 15 minutes from the time the salt water is first introduced.

From two to thirty minutes after a normal salt solution has been injected into the veins, a severe chill may occur, with, later, a strong and rapid pulse, decided perspiration, flushing of the skin and labored respiration. With sub-cutaneous injections these symptoms do not occur; but the pulse becomes full and strong and

slower, the temperature rises temporarily, the lips become red and the tide of life flows again.

APPARATUS.

The apparatus is simple: A sterile fountain syringe with a thermometer imbedded in its walls, and its four feet of hose connected securely with a large hypodermic or a small aspirating needle.

There should be a glass tube four inches long put in the hose a short distance from the needle (so that air bubbles can be seen), and also a bulb such as in the Davidson syringe, to regulate the rapidity of flow.

From a sterile pitcher pour into the syringe hot normal salt solution which is composed of 6 drachms sterile salt dissolved in 1 gallon sterile water. The thermometer in the bag should register 130 degrees F., and should be kept at that point by the occasional addition of hot solution which has been kept hot over a gas jet or other fire.

In order not to break the thermometer, first pour into the bag some cold sterile salt solution.

Sterilize the skin of the patient wherever there is loose connective tissue (I prefer the side of the thorax, just at the base of mammary gland), with soap and water and alcohol. With clean hands attach the boiled needle to the hose. Then let the solution run and when it is running through the needle, hot, introduce the needle well beneath the skin and gently stroke the solution into the surrounding tissue spaces, using the bulb to hurry the process if flow is too slow, or to shut off current if too fast. If the tissues are dense and the flow necessarily slow the tube may have to be separated from the needle several times during the operation to allow the solution to run hot, as it cools very rapidly in the tube.

Upon withdrawing the needle at the close of the operation, apply a piece

of sterile gauze and keep it in place by adhesive plaster.

Should intravenous injection be thought necessary (this will, however, seldom be the case), with antiseptic precautions expose a vein for about two inches, throw a catgut ligature around it at the distal end of incision, and tie, and around the vein at the cardiac end put a ligature, making one knot without drawing it tight. Then make an incision in the vein and introduce the needle, or, what is better, replace the needle with a canula, but be sure that the hot solution is flowing in a steady, full stream through the canula as it is being introduced, otherwise the patient may be killed with air. After the introduction of the canula into the vein draw the ligature tightly over it, so that no air can get in between the vein wall and canula.

AMOUNT USED.

Use from two to four quarts of solution sub-cutaneously (injections of less than one quart seem to do but little good), and repeat three or four times during twenty-four hours, if necessary.

If not more than one pint is injected every fifteen minutes the injections can be continued all day long, because the kidneys, bowels, salivary glands, lungs and skin will all throw out the solution.

In intravenous injections great care must be taken not to inject more than one pint every fifteen minutes, for fear of over-distending the heart.

TEMPERATURE OF SOLUTION.

The temperature of the solution is very important. It should never be less than 110 degrees F.

It may be used at any temperature below 150 degrees F., and in case of great shock it should be at least 130 degrees F. When a solution of a certain temperature is needed, the thermometer in the bag should register 10 degrees F. higher than the tempera-

ture required, as by the time the solution passes through the tube and reaches the tissues it will have lost at least 10 degrees of heat.

Although Dr. McBurney and others claim that the temperature of the solution does not make much difference, Dr. Dawbarn, by repeated careful experiments on animals, has proven most positively that the higher temperatures are much more efficient. He bled a number of dogs almost to death and found that those dogs recovered in which the solution used to resuscitate was 120 degrees F., while many died when the temperature was only 100 degrees F.

But in cases of great emergencies, when no hot water is at hand, use cold salt solutions; where no salt is at hand use cold water. Fill up the vessels at all hazards before death is allowed to stalk in without an effort. Of course, I am referring to hypodermoclysis and not to intra-venous injections.

If the premises stated in this paper are correct, that normal salt solution when introduced into the circulation in sufficient amounts will not only relieve shock and take the place of lost blood, but will wash out of the blood and the tissues urea, toxines and bacilli, and may, possibly, act as a germicide—what an invaluable agent we have in all cases where we have waning strength to support and poisons to eliminate and to render harmless.

DOES THE PROFESSION RECOGNIZE ITS UTILITY.

I am afraid not, although a large number of expert physicians have pointed out the way.

Dr. Eisenlohr, after a large number of experiments, reports a greatly reduced mortality in cholera at Hamburg in '93.

Dr. Heyse, after the same epidemic, says that the only remedy which appeared to have a happy effect was intra-venous salt injections.

Dr. Rumpf (3000 cases) quotes calomel as coming first and hypodermoclysis next in point of treatment.

Did time allow, I could read to you for an hour the reports of the happy effects of salt infusion in pneumonia, cholera, sepsis, dysentery, cholera infantum; in opium, chloroform, gas and diabetic narcosis; in uremia and typhoid fever.

I subjoin a list of references which, though not exhaustive, may be acceptable as a contribution to the bibliography of this subject.

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THE LODGE QUESTION.

BY ERNEST HALL, M. D., F. R. C. P. EDIN., VICTORIA, B. C.

Is there any just and sufficient reason why lodge or contract medical practice should be continued? Should

or should not the contract system be encouraged? The principle has been conceded by the great railroad com-

panies, the mining and lumbering enterprises, and the collieries. These corporations have adopted the system and found it a most satisfactory method of extending medical and surgical assistance to their employees. By this method the employee pays a small amount each month, which he practically never misses from his monthly wage, which amount entitles him to attendance in case of accident or injury; in short, it is simply a legitimate method of insurance. Surely, to the average wage-earner sickness or accident are in themselves sufficient misfortunes without the additional burden of even a reasonable bill for medical services. For instance, suppose a man earning \$2.50 per day, with a charge upon him of a wife and four children, is stricken with typhoid fever. His little savings will soon find ample field for investment in household necessities during the period in which his income is stopped, which may be considered, counting sickness and convalescence, at least seven weeks; but now he finds himself face to face with a debt of, say, \$75 for medical attendance. In addition to other necessary expenses incurred, would he not be placed under a somewhat heavy burden? Those who have never known what straitened circumstances mean cannot realize the force of what I am endeavoring to state, but by far the majority of the working people know of what I speak.

Under the co-operative system such a condition would be obviated by the financial burden being borne by the aggregate. By means of the contract system, habits of thrift are developed by the regular payment of a small sum monthly, while the medical attendant receives ample remuneration for his services and experiences no trouble in collection, while under the direct system the attendant frequently remits the fee in cases of necessity, and as frequently is cheated out of it by those who could pay at least a moderate fee.

To say that it is unjust or unprofessional for \$50 worth of work to be had for \$3 per year is to say it is unjust and unbusinesslike for a life insurance company to pay a \$5000 death policy when only \$50 has been paid in premiums, or to say that it is an outrage that I can collect \$2500 from a fire insurance company in case of destruction of my residence by fire when my premium is about \$10. But life insurance stock is an excellent investment and fire insurance companies still remain in business. In fact, there can be but few arguments used against this system that cannot with equal force be used against all other kinds of insurance.

The question has been asked: "What if all business be conducted under such a system?" I answer that under such conditions there would be no waste of competition and greater economy in administration, and thus all concerned would be benefited. But between ordinary business and the practice of medicine there is this radical difference, that while your dry-goods or hardware account is generally an indication of your prosperity, your medical bill is usually the measure of your misfortune. We look forward to that time when the alleviation of suffering will not necessarily place the patient under financial obligations. The dispensation of relief from physician distress should be made as free as the services of the health officers or as the privileges of church associations are to the communicants. The private financial factor should be that the State assume control, the officers selected, the field of operations defined and the remuneration for services determined by the municipality, and such can be done, in a highly satisfactory manner, by our energetic and capable municipal health officer. But this is a vista of the future. Not a few of the leaders of the republic to our south are moving in the direction of

State control of medical practice. It is but recently that an editorial in a leading American medical journal gave an expression to the hope that the day would soon be here when medical men would be educated by the State, paid by the State, and, after the required term of service, pensioned by the State. Is it not as reasonable for the State to undertake the fighting of germs and the removing of tumors as to combat Boers and Boxers? A prominent American surgeon in a private communication to me stated: "I have seen better and better the need of socialism as applied to the maintenance of the public health, and I hope to live to see the time when the health of each community (or commune) shall be looked after on the plane as is its education."

My brother, Dr. Hall, professor of physic in Kansas City University, in discussing our present competitive system, thus refers to the medical problem:

"The professions have all along asserted their independence of our commercial system, even when compelled to fall in with it. Doctors are independent of the competitive system, except as the competition comes within. But the multiplication of medical colleges and the freedom given in some places to unorthodox systems has torn down the barriers beyond repair. Competition is in all the professions, though not yet in full force. They will follow the same course as common laborers, namely, the doctors will lose their independence and become the employees of corporations and unions. There will be individual exceptions, but this will be the rule, because it is the most economical and equitable plan for the employers. The employed will have to submit to it. Then wages will have to drop, as in other cases, until they are down to the cost of subsistence (in the required style). In Germany now the services of a Ph. D. can be secured for about

the same wages as those of a good mechanic. Unions among doctors to keep up the standard of wages are as legitimate as other trade unions, but can, in the nature of the case, be only a partial success. The physicians' unions may obtain some temporary success by fighting the unions, but such a course is suicidal, for it will throw the power more completely into the hands of the capitalists. All the workers must unite in the coming contest and not waste their energies in fighting each other." I also give an extract from an essay by Dr. A. D. Watson, of Toronto, which appeared in the *Canadian Journal of Medicine and Surgery*:

"The lodge is a combine; so, also, is the insurance company, the street railway, the department store, the trust, the railway, the city water works, the street commissioner's department, and every partnership on the planet. Every man or woman who writes a letter to a friend is aiding a most powerful and highly organized combine known to history, and that physician who has a contract to attend the employees of any firm of merchants or manufacturers, or the workmen of any railroad or street railway company, who at the same time opposes the principle of lodge practice, is a hypocrite. Let me hasten to say that the dear brother does not seem to know it, so we forgive him and leave him to think over it. The pale moon could as easily thwart the splendors of dawn as could the medical profession abolish lodge practice, except by supplanting it by introducing State medicine and surgery. These and all other combines, including the trust and the department stores, must be extended till they assume national proportions; for the combine principle is all right when viewed from the interior. Let us, then, all get inside, and there will be no lodges left, their uses having vanished in the dawn of a science of national sociology, a universal art of social life.

HERNIA—OPERATIONS FOR.*

BY CLAIRE W. MURPHY, M. D., LOS ANGELES, CAL.

Two things are necessary in the operation for hernia, one, that the mechanical part be well done; the other, that union by first intention be obtained. There is not an operation which can be performed where so thorough a knowledge of the anatomy of the region is essential as that of herniotomy. Perhaps it would not be amiss to review briefly its geography.

INGUINAL.

First is skin, next superficial fascia, (the deep fascia on the abdomen is wanting), then three muscles. Under the muscles is a lining membrane called the fascia transversalis. Next is the parietal peritoneum. The fibres of the three muscles are arranged in three different directions. The first muscle, the external oblique, passes from the lateral wall of the chest downwards and forwards, ending in a flat, shining, dense aponeurosis which meets its fellow of the opposite side in the middle line. From the anterior superior spine of the ilium to the spine of the pubes this aponeurosis is thick and is called Poupart's ligament. The portion of Poupart's ligament that is attached for a half to one inch along the brim of the pelvis from the spine of pubes is called Gimbernat's ligament. The fibres of the internal oblique go upwards and forwards for the most part, from the crest of the ilium, but some of its fibres arise from the outer half of Poupart's ligament. These latter with similar fibres of the transversalis, the next muscle, which arise from the outer third of Poupart's ligament pass across the lower part of the abdomen. Their aponeurotic fibres become blended and are called the conjoined tendon.

The conjoined tendon is inserted into the crest of the pubes and brim of pelvis for the distance of about one inch. There is a crevice left in the abdominal wall above the inner half of Poupart's ligament and below the lower border of the internal oblique fibres. Two of the muscular layers here are wanting. It is through this crevice that the testicle in fetal life descends on its way from behind the kidney to the scrotum. The testicle does not make a hole through the abdominal wall—it pushes the tissue before it. First it carries two layers of peritoneum. This is usually cut off by nature at the internal and external rings. The portion between atrophies and disappears. The part surrounding the testicle is called the tunica vaginalis testes. Next, the testicle carries before it the transversalis fascia. This is a very thin layer of fascia called infundibuliform. Where the transversalis fascia begins to be pushed forward is the "internal abdominal ring." It is a half-inch above the middle of Poupart's ligament. Between the peritoneum and the transversalis fascia and inside the internal abdominal ring passes the deep epigastric artery on its way from the external iliac to the sheath of the rectus. Outside the infundibuliform are some pale muscle fibres arising from Poupart's ligament covering the cord and testicle and known as the cremaster muscle. The external abdominal ring is situated above the pubic bone and just inside Poupart's ligament. Where the testicle pushes forward the aponeurosis of the external oblique it forms the external ring. The thinner portion of the ex-

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ternal oblique aponeurosis carried into the scrotum by the testicle is the intercolumnar fascia. The inguinal canal is from the internal to the external abdominal ring—its anterior wall is the aponeurosis of the external oblique. Its posterior wall, for the most part is simply transversalis fascia, but near the external ring the conjoined tendon assists in the formation of that wall.

Operations for hernia that can be retained by a truss should not be urged. The patient should understand that many times after operation, they recur. A hernia which has not returned after two years is probably permanently cured. Children are frequently cured of ruptures by the wearing of a properly fitting truss. This in the inguinal variety should press on the internal and not the external ring.

In operating for inguinal hernia I prefer

THE BASSINI METHOD.

Cut over the inguinal canal from a point a little beyond the internal ring, to the external ring, then over the pubic bone by the side of the penis to the beginning of the scrotum. Make first incision through skin and superficial fascia and expose the aponeurotic fibres of external oblique. Do not dissect. Try and make incision through skin and fascia on the same plane. Next split the aponeurosis over the canal, beginning the incision externally as it is easier to open the canal there and not so likely to injure other structures. Next incise tissues to sac which would be cremaster muscle and infundibuliform or transversalis fascia (the former if oblique, the latter if direct hernia.) These two layers are very thin. Then the subperitoneal fat, which may be very thick. Separate the sac from the spermatic cord. The vas deferens always lies behind the other constituents of

the cord and is easily told by its very thick wall in comparison to its size. Open the sac. Replace the intestine. If omentum is in sac, cut off redundant portion after first ligating with catgut, transfix neck of sac with catgut, tie, cut away sac. Bring outer edge of conjoined tendon of internal oblique and transversalis and edge of rectus into apposition with Poupart's ligament by a sufficient number of interrupted catgut sutures. In other words close the crevice nature left and make the posterior wall of the inguinal canal conjoined tendon. Three or four sutures are usually enough. Care must be taken not to squeeze the spermatic cord so much that the blood cannot be returned to general circulation by the spermatic veins. Sew up the slit in the external oblique with catgut. Leave the external ring just large enough to allow the cord to slip through easily. Interrupted silkworm gut sutures are used for the skin. Before any of the sutures, deep or superficial, are tied, hemorrhage should be stopped. Blood clot is a good culture medium for bacteria.

Do not drain after any herniotomy if operation has been clean unless hernia has been strangulated.

The Halstead operation is not so good because the obliquity of canal is not restored, the external ring being made through aponeurosis of external oblique near middle of Poupart's ligament. Then, too, there have been several cases of atrophy and even sloughing of testicles reported because of the fact that the circulation to testicle had been disturbed by making the cord smaller by resecting veins.

The Bassini' operation in my judgment can and ought always be done.

ANATOMY OF FEMORAL HERNIA.

The front and back wall of the abdomen come together at Poupart's ligament. The transversalis fascia is in front of the peritoneum and is at-

tached below to Poupart's ligament. The fascia over the iliacus, the fascia iliaca, lies behind the peritoneum. It is also attached to Poupart's ligament below. The external iliac artery, as it lies behind Poupart's ligament, has the fascia transversalis in front of it and fascia iliaca behind it. These two fascia become the sheath of the femoral vessels. Unfortunately, for the distance of a half-inch below Poupart's ligament, the sheath is too large. Thus there is a space left within the sheath, internal to the vein, known as the femoral canal. The opening of this canal above into the abdominal cavity is bounded in front by Poupart's ligament, to the inside by Gimbernat's, behind by the bone and to the outside by the femoral vein and is called the femoral ring. The deep fascia of thigh or fascia-lata, has two portions, the iliac and the pubic. Attached above to the crest of the ilium and Poupart's ligament, and lying in front of the femoral vessels and their sheath is the iliac portion. The pubic portion is attached above to the pubic bone, covers over the adductor muscles and lies behind the vessels. It is on a deeper plane than the iliac portion. The two are continuous below the saphenous vein. A slit is thus left between the two parts of the fascia-lata which is to the inner side of the femoral canal. This is the saphenous opening. The saphenous opening is at the upper and inner part of the thigh below Poupart's ligament. Femoral hernia goes through the femoral ring into the canal, then through the saphenous opening. The coverings of the hernia are: (1) skin, (2) superficial fascia (two layers), (3) sheath of the vessels, (4) sub-serous fat and peritoneum.

BASSINI'S OPERATION.

Cut parallel to and below Poupart's ligament over center of tumor through skin, then gingerly through

fascia to sac. Do not separate layers of fasciae from skin or one from another any more than possible. There is usually an immense amount of fat between the skin and hernial sac. The sac lies just internal to a large vein, the femoral. Open the sac and treat contents in the same manner as in the inguinal variety. Tie neck of sac at femoral ring, cut off redundant portion. Sew Poupart's ligament to the pubic fascia and the edges of the saphenous opening together, using catgut. Do not tie any of sutures until all are in! Be careful of femoral vein. Sew up the wound in the skin with silkworm gut.

UMBILICAL HERNIA.

Cut out oval flap of skin, then through thinned and stretched linea alba to peritoneal sac. Open, break up any adhesions to sac. Remove redundant portions of sac. Sew up slit in peritoneum with continuous catgut suture. Next take silkworm suture threaded at each end, pass through aponeurosis under rectus—take a good bite into rectus, then through aponeurosis over rectus. Do the same on the opposite side. Then before these are gone further with, draw same structures together firmly with continuous catgut sutures. Now take silkworm suture which has passed through the right rectus muscle and bring it through left edge of skin wound and vice versa. Before tying silkworm seesaw them so as to bring deep tissues together. Silkworm sutures which are passed through all the tissues of the abdominal wall on one side of the incision and then out through all the tissues on the other side, when tied, may bring the skin flaps together while the lips of the wound in the deeper structures may be far apart. To prevent ventral hernia in wounds made through the linea alba it is very essential that the incision in the aponeurotic sheath in front and behind

the recti be well closed. Besides it does not seem that one should make a suture which passes through the skin (a structure which always has the "staphylococcus epidermis albus" in its deeper layers), pass also through the peritoneum. Suppose there is a stitch-hole abscess, then that infected suture must be drawn through the needle hole in peritoneum. This is probably shut off from the general peritoneal cavity, but it does not seem to be aseptic in the truest sense.

In ventral hernia in the lateral wall of the abdomen the principal thing to do is to bring the cut edges of the muscles together. Internal oblique and transversalis and edges of the aponeurosis of external oblique. It will probably be necessary to freshen the surfaces.

The scar formed from a suppurative wound of the abdominal wall is never so strong as that of a wound which has healed by first intention, so in a herniotomy one must be absolutely clean. "A chain is as strong as its weakest link." The great general laws of asepsis are obeyed by all. It is the minor details that are overlooked by some. It is some of these minor details I will speak about. The washing of the hands, forearms and elbows of the operator in antiseptic solutions is an imperative duty he owes his patient, but it is far more essential that he first scrub his hands, nails, forearms and not forgetting his elbows long, vigorously and thoroughly with hot water and green soap. The gowns used may be and probably are aseptic as a rule, but one should not rub his hands or fold his forearms over them. If one's hands are contaminated during the operation it is not sufficient to dip them into the bichloride solution and out again, flipping the drops that remain away. Catgut strands should not be too long. I have frequently seen them dragged over Kelly pad or

gown of patient. End of catgut should be held by assistant to prevent this. For deep interrupted sutures use separate pieces of catgut for each suture as it may be infected from deeper layers of your own hand when pulling on it to bring wound lips securely together. I like either cumolized catgut or else that which has been boiled in alcohol for fifteen minutes on three successive days. Silkworm gut should be boiled with the instruments for fifteen minutes. Have plenty of catgut and silkworm sutures threaded before patient is anesthetized. Have it put in a separate sterile dish and to be doubly sure have dish covered with sterile towels. Have an assistant that you have perfect confidence in to handle sutures. It is in the suture material that the septic organisms are most frequently introduced into wounds. Never have near-sighted persons handling suture material. Your assistants must be as clean as yourself and all things being equal the fresh graduate is better than the man that graduated in pre-antiseptic days. The latter may understand asepsis theoretically but is quite likely to make errors in small details on account of habits formed in previous years. "It is hard to teach an old dog new tricks." Have the same assistants as much as possible because you become used to one another and can work more rapidly. The operator and assistants should wear sterilized caps. Neither of them should, if they have visual disturbances, wear anything but glasses which are firmly fixed on their faces. An operator or assistant with coryza is a menace to the patient. Long beards should be condemned. In scrubbing the patient do so not only in the immediate vicinity of the operation but far away. Towels often slip from field of operation and might expose a portion of the skin which had not been properly sterilized. In pre-

paring patient for herniotomy one should not scrub field with a brush as it is liable to irritate the skin. Scrub thoroughly with green soap and water with a piece of gauze. Clear water, Hgcl 2, 1 to 4000, clear water, then ether. Dressings, plenty of sterile gauze. Do not re-dress for a week unless temperature elevated enough to make you suspicious of pus formation. If one cannot restrain one's curiosity to such an extent as to prevent lifting up dressings to look at wound, he had better dress wound under aseptic precautions. After wound is well no pad should be worn as the pressure may cause atrophy of tissues under it and tend to a recurrence.

Following is report of four cases of interest:

No. 1 was a man over 60, habitually intemperate. Operated at County Hospital, assisted by Drs. Barber and Taylor. Bassini's operation; healed by first intention; 6 months afterwards was apparently well. Lost sight of him.

Case 2—A native, about 20. Congenital oblique inguinal, with retained testicle. Operated August 2, 1899; Bassini. At end of week removed silk worm sutures; union complete. Found that testicle which I had brought into scrotum at time of operation had retracted again. The testicle had never

developed. With his consent, cut into canal and removed testicle; union at end of week again complete. At present seems all right. Runs elevator.

Case 3 — Man 21; bookkeeper; oblique inguinal hernia, congenital variety. Bassini's. Left varicocele, which operated on at same time by open method. First night after operations unable to retain urine. Saturated dressings, which were changed by nurse. Much to my surprise and delight, both wounds healed by first intention. In these two cases assisted by Drs. Burke and Cook. No return of hernia to date.

Case 4—Operated early in January, 1900, woman about 40. Strangulated right femoral hernia. She had been confined a month before. She was very fat. I was assisted in this operation by Drs. MacGowan, Burke and Cook. Taxis had been tried by several persons, without avail; the tissues were bruised. I had to operate by lamp-light. In cutting down to hernia I bruised the fat considerably; also left pockets in separating layers of fat. These I closed up as best I could with several layers of catgut sutures. Two sinuses formed leading down to pus cavity. They were about six weeks healing. At present time hernia has not recurred.

HYDATID CYST OF THE LIVER-REPORT OF CASE.*

BY J. DE BARTH SHORB, M. D., LOS ANGELES, CAL.

Mr. President, Ladies and Gentlemen:

I am down on the program tonight for a paper on Hydatids of the Liver. Instead of a paper, this should properly have been a report of a case of hydatid cyst of the liver which I thought might have been of interest to this society.

It is not my purpose to go into the etiology, pathology and geography of hydatid cyst occurring in the human subject.

Osler says that up to July, 1891, he had been able to find in the literature and in the museums only 85 cases of hyatid disease in the United States

*Reported to the Southern California Medical Society May 3, 1900.

and Canada, and of the 1862 cases comprised in the statistics of Davaine, Codbold, Finsen and Neisser, the parasite existed in the liver in 953 cases, in the intestinal canal in 163 cases, in the lung and pleura in 153, in the kidneys, bladder and genitals in 186, in the brain and spinal cord, 127, bones, 61, heart and blood vessels, 61 and in other organs in 159 cases. Of the 85 cases reported in this country, the liver was the seat of disease in 59. Of 50 consecutive cases treated by Mosler at the Greifswald Clinic, 36 involved the liver, 10 the lung, 3 the right kidney, and 1 the spleen.

The patient that came under my observation was a woman born in Hanover, Germany, aged 58, of good personal and family history. She had never lived in the tropics; had never suffered from dysentery; never had typhoid fever. Her heart was normal and I could elicit no history of gall stones. About twenty years of her life had been spent in this country and prior to the spring of 1899 she had always enjoyed the best of health.

At this time the patient was attacked with severe pain in her abdomen; had some fever according to her statement and was confined to her bed for about six weeks. Her medical attendant told her that she had peritonitis. She stated that during the fifth week of her illness she passed something that looked like an egg and soon after began to improve and resume her accustomed duties at about the expiration of six or eight weeks. However, her recovery was not perfect and in September, 1899, I was called to her home at Santa Monica to attend her. I found a large, fleshy woman of good physique, complaining of severe pain over the liver, her eyeballs showing some jaundice and there was some suggestion of jaundice in her skin. The pulse was slow and weak, temperature 103, and she gave

the history of fever, sweats and chills which she had suffered for about 10 days. In her German way she complained to me that her right side had been on the "bum" since spring and had caused her constant discomfort. However, she had continued her duties as housewife with but little complaint but for ten days had been confined to bed and had suffered intense pain in her side. She had no movement of her bowels for three or four days, and the movements before this time were clay-colored and partially inspissated. Her stomach was in such a condition that it accepted and retained little food.

PHYSICAL EXAMINATION.

On examination I found a liver extending about two fingers' breadth below the ribs; dullness extending to the median line and to about the third interspace above. No perceptible tenderness over the gall bladder. The lower margin of the liver was apparently smooth and an area of about the size of an orange over the sixth and seventh ribs and interspaces showed some tenderness.

I gave phosphate of soda and citrate of potash; ordered salines every morning; ordered the exhibition of calomel in broken doses after forty-eight hours. I saw the patient again three days later and found apparent improvement. I then began with quinine and nitromuriatic acid in large doses and hot nitric acid packs over the liver. The patient continued to improve. Her bowels moved, she took more food, her temperature was reduced and bile salts returned to her stools. Her skin and eyeballs cleared up, but the pain continued in her liver and the sweating at night was profuse.

I advised her removal to some hospital in Los Angeles but she declined to leave her home and I continued my visits to Santa Monica twice or three times a week for about two weeks after I first saw her, and finally induced

her to consent to come to town and stop with her son. I had her under observation for two weeks, seeing her every day, and during this period there were times when she seemed much improved. Her temperature, however, never reached the normal and her pain, unless she was under the influence of narcotics, was severe. The right lung during this time became so compressed by the liver that it was almost impossible to differentiate between the liver dullness and the lung. On October 1st the patient was prepared for operation. An aspirating needle was inserted in the sixth interspace and a quantity of straw-colored serum was obtained. The needle was then withdrawn and an incision made over the sixth and seventh ribs in advance of the anterior axillary line. Periosteal flaps were made and a formal resection of two inches of the sixth and seventh ribs. An incision was made down to the capsule of the liver and at this point the substance of the liver was found to be adherent to its capsule with some thickening. The puncture wound of the aspirating nosed hemostatic forceps was worked

in through the capsule entering an abscess cavity which was followed by the evacuation of a large quantity of straw-colored serum. The opening was then enlarged by the introduction of a pair of dressing forceps and three distinct daughter cysts escaped and a large cavity in the liver substance was revealed with ragged walls of necrotic tissue. The thickened capsule of the liver was brought in apposition to the skin and stitched. The abscess cavity was sponged out and packed.

The subsequent history of this case has no especial interest. The patient's recovery was uneventful and the woman now enjoys good health.

These cases must always be of interest from their extreme rarity. I know of no peculiar deduction to be made from the facts of this case of any special value unless it be in support of the dictum that, "When in doubt, cut."

In conclusion I must state that in this case I was largely indebted for the moral support, physical and intellectual assistance of my friend, Dr. Lasher.

MOUNTAIN CLIMBING IN A LOCOMOBILE.

BY WALTER LINDLEY, M. D., LOS ANGELES, CAL.

To go gliding up the side of a mountain without dust, without weary horses, with all the comfort of a drive on a street in the city, is a novel and delightful experience. The Times announced that at 3 o'clock on Saturday afternoon, August 11, an experimental trip with an automobile, or rather locomobile, would be begun at the Farmer House in San Jacinto. This trip was for the purpose of deciding whether it was feasible to run a line of locomobiles between the town of San Jacinto and the mountain resort of Strawberry Valley, which is just

one mile (5280 feet) above sea level. Frank E. Olds, the agent of the locomobile, had sent his machine by rail, and when we arrived at San Jacinto on the 2 o'clock Santa Fe, there were hundreds of people gathered to witness the advent in that valley of this fin-de-siecle means of locomotion.

As is usual with great events, we did not get started until one hour after schedule time, and then we went scurrying through the streets with Dunham's four-horse stage just after us. There is something very exhilarating in riding in one of these machines.

We flew past farm houses, startling horses, cattle and cottontails, until we struck a heavy, sandy stretch of road just beyond Florida, which is five miles out of San Jacinto; here our little engine began puffing and working like a good fellow, and at two places we got out and walked, say five or ten yards. Our supply of gasoline was in the stage, and at what is known as the Toll Gate, twelve miles out of San Jacinto, we stopped to wait for it, and it was one hour and fifteen minutes before the stage came in sight.

After renewing our supply of gasoline and water we started on the final ten miles up the grade. At the steepest place, where the roadbed was hard and firm, the little vehicle went rapidly and without hesitation. In fact, the steepest grade did not feaze it, but when we struck heavy sand or dust, together with a steep grade, then it labored hard and moved along slowly. There is one place on the road where the grade is so steep that in order to make a rise of 100 feet it goes back and forth on the side of a mountain, passing, zigzag, one tree five times, but at this point the road is exceptionally good, and the locomobile went rapidly over the course.

We again struck it bad at what is known as Chalk Hill, about three miles out from Strawberry Valley. Here there is a steep grade, and at the same time about a foot of disintegrated gravel which has been pulverized into dust by heavy lumber teams. Here for a distance of a quarter of a mile we relieved our machine of its load four different times, each time walking a few yards. From there on, with the moonlight shining through the pine trees, we had a beautiful ride to the Keene Hotel at Strawberry, where there were at least 150 people out with bonfires and cheers waiting to welcome the first automobile in the San Jacinto Mountains.

As we came through San Jacinto

the Coroner of Riverside county sent us a message that if we attempted to come down on the machine he would have everything ready for a speedy and satisfactory inquest, which simply gave an idea of the sentiment of the people as to the ability of the machine coming down the steep grades; so Sunday afternoon at 4:15 o'clock, when we started for the return ride, I naturally felt some little trepidation, but this soon vanished as we went skimming down the mountain side with the little brake, which is a chain about the size of a bicycle chain, perfectly controlling the descent. On, on we went, without the least trouble, reaching San Jacinto at 6:30 o'clock, having been two hours and fifteen minutes making the twenty-two miles. Thus was completed a most delightful experiment. The beauty of traveling on one of these machines is that there is absolutely no dust. In driving, the horses make the dust, not the vehicle. Our clothing was perfectly free from dust at both ends of the journey. This, together with the rapidity of travel, gives two great advantages over the stage line.

When we consider, further, that this machine upon which we had traveled had been built only for a runabout in a city, we can realize the possibility with a machine that had been constructed purposely for mountain travel. In the first place, a machine for mountain travel should be built for strength and not for speed. This machine is geared up for thirty miles an hour, while a machine for mountain travel should be geared for greater strength and for only ten miles an hour; then the wheels of this machine are only twenty-six inches in diameter, while one for the mountains should have wheels thirty-six to forty inches in diameter. Of course, also, a machine should be constructed with a gasoline reservoir large enough not to need replenishing on the trip. Another im-

portant feature is, this machine is narrow gauge, one wheel going down in the rut made by wagons while the other remained upon higher ground. The machine for mountain travel should be broad gauge. With these few changes a locomobile carrying

eight people could be constructed that would make the travel up the mountain perfectly successful. Then the trip from San Jacinto to Strawberry Valley will be one of the most delightful in California.

TREATMENT OF ANEMIA AND LOSS OF WEIGHT, IN WASTING DISEASES.

BY C. G. STIVERS, M. D., LOS ANGELES, CAL.

The anemia of wasting diseases, such as phthisis, diabetes mellitus, cancer and Bright's disease, is a symptom calling for active measures to overcome it, and painstaking efforts to find remedies suited to each individual case. It must be borne in mind that such cases are accompanied by indigestion, mal-assimilation and consequent lack of nutrition. The stomach is either anemic from poor blood, and little of that, or is in a condition of irritability or actual catarrh.

The following cases show the beneficial results obtained by regulating the diet, improving the digestive and assimilative powers before attempting medication.

Miss T., aged 22, consulted me in August, 1899. She was troubled with indigestion; had pains in her chest and her skin was greasy and had a few pimples (acne vulgaris) on her face, chin and cheeks.

Family history—Two grand parents died of cancer. Personal history—She had pneumonia and pleurisy when a child. Has had acne since her sixteenth year. Lost 18 pounds in last six months. Height, 5 feet 1-2 in. Weight, 102 pounds.

PHYSICAL EXAMINATION.

Thorax—Inspection reveals a marked depression over each clavicle. The motion of breathing less marked on

right side above, anteriorly. She has well developed muscles as a result of much gymnasium exercise, basket ball, tennis, etc. The torso, however, is not large enough in proportion to the lower body.

Lungs—Chest measures 29½ inches deflated, 30½ inches inflated. Palpation: Increased fremitus (pathological) on the right side from the clavicle to the third rib, both in front and behind. Tenderness over this area to pressure.

Percussion—Dullness over right lung, down to fourth rib in front and behind. Palpation confirmed.

Auscultation—The expiratory sound is rough, high-pitched and prolonged over the area covered by the first, second and third ribs in front. Posteriorly down to the fifth rib. Coughing, then ausculting gives a fine subcrepitant rale over this area. Cogwheel breathing is noticed.

Heart—The cardiac dullness is increased, especially over the left side (left ventricle). The sounds are loud and booming. The apex beat displaced outward. There is no murmur, but she has palpitation, heartburn, faintness and dizziness at times.

Stomach—Iodine test gives no reaction in saliva in proper time. Salol test gives no reaction on three trials in proper time (one and one-half hours).

Blood examination—Hemoglobin, 60 per cent.; red cells, 2,400,000; leucocytes, increased; megalocytes, microcytes and distorted forms present.

TREATMENT.

The diet was restricted to easily-digested articles, gymnastics for lungs, throat and arms instituted. Hill-climbing (on foot) each day, increasing the elevation (previously determined) 50 feet each day. This, in Southern California, is easy to accomplish, there being hills and mountains with good foot-paths from the seashore to 6000 feet in Los Angeles county.

On September 1st, two weeks after beginning treatment, the stomach being in a good condition, a preparation of iron, pepto-mangan (Gude) was given, 20 drops in spring water, one-half glass every three hours, increasing the dose until one teaspoonful every three hours was given. I have found that this preparation of iron will agree with the stomach of patients whose digestive powers are very feeble. The daily use of a quart of hot normal salt solution in the form of a rectal enema at bedtime, assisted no doubt in eliminating toxins, increasing the volume of blood and stimulating the chambers of the heart.

I did not dwell on the lung complications, doubtless incipient phthisis, believing the patient better off if her attention were not directed to it.

Blood count October 1, 1899:

Hemoglobin, 78 per cent.

Red cells, 3,000,000.

Leucocytes, normal.

Less distorted forms present.

Gain in weight, five pounds.

She soon took up her active duties as a school teacher and continued to improve, and has since passed out of my care.

CASE II.

T. R. consulted me Oct. 1, 1899, a young woman who had her tubes and ovaries removed one year previously, by a local gynecologist. She is pale, nervous and low-spirited. Has lost

30 pounds weight since her operation. Is constipated, badly. Has no appetite.

PHYSICAL EXAMINATION.

Lungs—Poorly developed, but signs of intrinsic disease absent. Measurement, inflated, 29½ inches; deflated, 29 inches.

Heart—Hemic murmur at base of heart, not transmitted, systolic in time. Loudest over pulmonary valves.

Other organs normal, except the rectum. Examination revealed a pale, flabby mucous membrane, so dry that crusts were accumulated on its walls. Tenderness over the sigmoid flexure. No ulceration or other pathological condition.

Blood examination—Hemoglobin, 68 per cent.; red cells, 2,800,000.

TREATMENT.

Gymnastics for lungs, chest and body. I gave a good bitter tonic, regulated the diet and prescribed pepto-mangan (Gude) for the anemia, insisting that it be taken in 20-drop doses every hour during the day, in a half-glass of water. This large quantity of fluid was to help overcome the constipation.

I directed that at night she take, in the recumbent position, a rectal injection of one quart of normal salt solution, of a temperature of 110 degrees F. To let it run in slowly and to retain it.

She had some difficulty with tolerating the presence of the salt solution, but as for quantity I soon increased it to two and later to three quarts. She had to urinate once or twice after taking the enema.

Report from the patient on Nov. 1, 1899, one month after beginning treatment, showed a gain in weight of four pounds.

Blood count—Hemoglobin, 78; red cells, 3,200,000.

General condition much improved; sleeps and eats well.

On Dec. 15, 1899, blood count: Hemoglobin, 85 per cent.; red cells, 3,500,000.

She continued to improve and in March, 1900, was discharged, having gained 18 pounds. Her bowels move regularly every day. She has a rosy color; in fact, is entirely well.

These two cases, while showing a high grade of anemia, and loss of weight, nevertheless, demonstrated what can be done toward building such cases up by careful attention to diet, gymnastics, the regulation of the bowels and appropriate medication. Giving the medicine in small doses, in a large amount of water, at short inter-

vals, will insure that sufficient liquid will be taken into the system. Its use will tend to overcome the constipation so common in women.

In these cases of feeble digestive powers, the form of iron to be given must be carefully considered, and I have found the pepto-mangan to agree with them.

The use of rectal injections of normal salt solution will accomplish a similar purpose in cases where it is thought best not to overtax the stomach, and especially in cases of hypochlorhydria, which so many of these patients of feeble digestive powers suffer from.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, AND J. LEE HAGADORN, M.D.

X-RAY EXAMINATIONS FOR LIFE INSURANCE COMPANIES.—The organs to be considered by life insurance examiners in the physical examination of candidates are chiefly the kidneys, the lungs, and the heart. Two of these organs—the lungs and the heart—are especially open to inspection by the X-rays, and can be thus examined without removing the clothing. In the lungs, for instance, old foci of tuberculosis give rise to abnormal appearances, which can be seen on the fluorescent screen, and yet which might be overlooked by auscultation and percussion, if not near the surface of these organs. Emphysema of the lungs is best recognized by the X-rays; the effects of old pleuritic adhesions may sometimes be seen by this new method of examination, and thoracic aneurisms may be detected in an early stage.

The size and position of the heart can be determined with greater certainty and exactness by the X-ray than by the older methods. There is no single method of physical examination of the thorax, when properly carried out, that gives such trustworthy and complete evidence of the normal or abnormal condition of the organs in this part of the body as an examination with the fluorescent screen. From the insurance standpoint it is not so much a question of what the disease is, as whether there is or is not an abnormal condition in the chest.—F. H. Williams (Boston Med. and Surg. Jour., Dec. 28, '99.)

THE TECHNIQUE OF LUMBAR PUNCTURE.—L. A. Connor, * New York, in discussing this question, says that there are three requirements to be considered in the choice of location at

which the puncture shall be made: 1. That the needle shall find ready entrance to the subarachnoid space. 2. That the tapping be made at the point least likely to admit of damage to the nervous structures of the canal. 3. That the fluid obtained shall be as rich as possible in sediment. The first requirement is sufficiently well met by entrance through any of the lumbar spaces or through the lumbo-sacral space. Possible injury to the cord can be excluded by entering at some point below the third lumbar vertebra. In adults it is perfectly safe to puncture between the second and third vertebra, but in small children there is some chance that the cord may be touched. The floating nerve roots of the cauda equina move about so readily that they are not likely to be damaged even if touched by the point of the needle. The last requirement is best fulfilled by tapping in the lumbo-sacral space. Puncture in the upright position should, in general, be confined to small children. The essential point is to secure the greatest possible degree of ventral flexion of the spine. General anesthesia is in most cases entirely unnecessary. By anesthetizing the skin with cocain or a freezing spray, the needle can be introduced with very little discomfort. Just as perfect asepsis, as to field of operation, instruments and hands, is demanded in this small procedure as would be exercised by the surgeon in opening any serous cavity. An antitoxin needle four or five centimeters long and one millimeter in diameter serves admirably in children. For adults the needle should be eight or nine centimeters long and of a diameter sufficient to give the rigidity needed to penetrate readily the tough ligament. A syringe that can be sterilized by boiling is most convenient, but is by no means essential. The

needle is introduced at a point opposite the upper edge of the lower spinous process and in a line just outside the median line. It is directed very slightly upward and toward the median line, with a view to having it in the median line when it enters the subarachnoid space. The amount of fluid to be removed will depend upon the purpose of the puncture. It is much better to let the fluid run from the needle than to aspirate with the syringe, after the flow has started. Accidents are infrequent, and for the most part trivial and unimportant. In a few cases of uremia and brain tumor death has followed within a few hours the withdrawal of a large amount of fluid.

*N. Y. Med. Jour., May 12, 1900.

MICROBES IN HOLY WATER.—Abba, one of the health officers of Turin, Italy, has recently made examinations of the holy water contained in the fonts inside the entrance doors of sacred edifices. Thirty-one specimens from as many churches were analyzed, and the results have more than confirmed his anticipations that this water may be an effective means of transmitting disease. Attention is called to the matter by the *Lancet's* Rome correspondent, in the issue of that journal for Dec. 23, 1899. The water is exposed to the dust that finds free access to the interior of the church, is dipped into by the fingers of the worshipers on Sundays and week days, morning, noon and night, and the fonts are rarely cleaned. Concerning his recommendation of a weekly washing and disinfection of the pillars from which the fonts project, and of the fonts themselves, and the treatment of the water with antiseptics, the church press expresses marked indignation, condemning the suggestion as "anti-ritual" and "not free from grave objections."

THE HYGIENE OF HIGH ALTITUDES.—It is well known that the chemical composition of the atmosphere differs but little, if at all, wherever the sample be taken; whether it be on the high Alps or at the surface of the sea, the relation of oxygen to nitrogen and other constituents is the same. The favorable effects, therefore, of a change of air are not to be explained by any difference in the proportion of its gaseous constituents. One important difference, however, is the bacteriological one. The air of high altitudes contains no microbes, and is, in fact, sterile, whilst near the ground and some one hundred feet above it microbes are abundant. In the air of towns and crowded places not only does the microbic impurity increase, but other impurities, such as the products of combustion of coal, accrue also. Several investigators have found traces of hydrogen and certain hydrocarbons in the air, and especially in the air of pine, oak and birch forests. It is to these bodies, doubtless consisting of traces of essential oils, to which the curative effects of certain health resorts are ascribed. Thus the locality of a fir forest is said to give relief in diseases of the respiratory tract. But all the same these traces of essential oils and aromatic products must be counted, strictly speaking, as impurities, since they are not apparently necessary constituents of the air. As recent analyses have shown, these bodies tend to disappear in the air as a higher altitude is reached, until they disappear altogether. It would seem, therefore, that microbes, hydrocarbons, and entities other than oxygen and nitrogen, and perhaps we should add argon, are only incidental to the neighborhood of human industry, animal life, damp and vegetation.—*Lancet*.

CLASSIFICATION OF BATHS.—George H. Fox classifies them accord-

ing to temperature as follows: Hot, over 98 degrees F.; warm, between 90 degrees and 98 degrees; tepid, between 80 degrees and 90 degrees; cool, between 65 degrees and 80 degrees; and cold, below 65 degrees.

THE USE OF HYDROZONE AND GLYCOZONE IN GASTRIC AND INTESTINAL DISTURBANCES.*

W. H. Vail, M. D., St. Louis, Mo.

I have, for a long time, been rather enthusiastic over the value of Hydrozone and Glycozone in treating diseases, and can attribute much valuable assistance and extraordinary results from their use in the last few years. The medical profession, in fact, has never gained such remarkable results from the employment of any production as it has from the use of these preparations, and my recent effects have almost, in a measure, surpassed them all. I will give a brief report of one remarkable case to demonstrate the potency of Hydrozone and Glycozone:

I was called to treat a young man, suffering from a severe gastro-enteritis. I found him in a most serious condition, having been delirious for three days. His temperature was subnormal, 97.6, pulse 60, respiration 16. He was greatly emaciated, atonic, had inappetence, a severe agonizing pain in the stomach and intestines, at times so severe that he would sit on the edge of the bed and groan, oftentimes yell. These attacks were always of a similar nature and occurred regularly. He was unable to take either solid or liquid food, even in small quantities, without causing a return of the pain, a teaspoonful of milk being sufficient to produce it. His condition was pitiable. His cheeks were hollow, eyes congested, skin pale and sallow and his whole appearance showed the presence of intense pain.

I was called at the end of the third

*Reprint from *Medical Mirror*, Dec., 1899.

week of his illness. The former physician had employed opiates in large doses with most worthless results, also many other drugs with not a sign of improvement, he growing seriously worse. I determined that Hydrozone and Glycozone were the remedies indicated, and were the only ones that would be of value here; therefore I gave him, at once, one-half glass of a mixture of one-half ounce of Hydrozone with a little honey to one quart of water. He was somewhat disturbed for a while after the potion, but was soon relieved. The distress, I presume, was due to the advanced stage of the inflammation. I continued to administer this for some time, with only a slight improvement, but after several doses had been taken the relief was very decided. After his nourishment, I gave one teaspoonful of Glycozone in a wineglass of water. After a few doses of this he was much easier, and, at midnight, fell asleep and slept all night, not awakening until morning, the first sleep that he had had in five days. I had previously discarded all other remedies, of which there was a large number, as one after another was given with no benefit. All of the acute symptoms disappeared in a few days, at which time he felt very much better, and he continued to improve without having a recurrence of any of his old severe symptoms. Before this, I had increased both the nature and the quantity of his food, which he relished greatly. I continued the Hydrozone and Glycozone for a month after, to entirely reduce the inflamed condition of the mucous membrane of the gastro-intestinal tract.

All gastric and intestinal disturbances are caused by the lining of the stomach becoming inflamed, and in order to allay this inflammation, it must first be treated with antiseptics, then with medicaments that both heal and stimulate the mucous membrane that

has become diseased. The most common cause for this state of inflammation is a greatly diminished quantity of gastric juices necessary for digestion, consequently the food partaken of, instead of being assimilated, ferments—in other words, the peptic glands whose function it is to secrete the gastric juice do not perform their function properly. These must be restored to their normal state at once, which is accomplished by remedies that exert a stimulating effect upon them, and at the same time are non-toxic, else the trouble will only be aggravated. Hydrozone and Glycozone are the two remedies par excellence for these two purposes, and the success that I have obtained from the employment of them during the past few years will lead me to always use them in these disorders.

Hydrozone causes destruction to microbes, has no deleterious action upon animal cells, possesses no toxic qualities, exerts no corrosive effect upon healthy mucous membranes when used in diseases caused by germs, is a pus destroyer and a stimulant to granulating tissues. Hydrozone is destruction itself to the skin or mucous membrane that has become diseased, and leaves the subcutaneous tissues in a perfectly healthy state.

Glycozone, while not so rapid in its action as Hydrozone, is, nevertheless, just as sure a stimulant, and in all gastric and intestinal disorders exerts a potent and uninjurious effect upon the diseased mucous membrane of the stomach, healing it to a nicety. It is an effective oxidizing agent, has an agreeable, sweet and, at the same time, slightly acid taste resembling lemonade. Its use produces no deleterious action on the heart, liver or kidneys.

The beneficial results which Hydrozone and Glycozone have afforded me in the treatment of this class of disorders have caused me to discard all the other methods of treatment by

drugs that exert an ephemeral influence but do not jugulate the offending condition. What is needed in these diseases is an antiseptic that will destroy all pathogenic germs, and at the same time stimulate the walls of the stomach. Hydrozone kills the bacteria, dissolves the mucous and prepares the stomach to better digest the

food; in short, it deterges the stomach—hence, in it we have an efficient antiseptic. Glycozone removes the mucous from the walls of the stomach, stimulates and heals. I have discovered these two preparations to be ideal ones in treating this very common and distressing disorder.

DEPARTMENT OF SURGERY.

BY DR. GEO. W. LASHER, PROFESSOR OF SURGERY, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

THE SURGICAL TREATMENT OF GONORRHEAL ARTHRITIS.

By John O'Connor, M. D., Dub., Senior Medical Officer, British Hospital, Buenos Ayres.

Since March 24, 1897, I have practiced arthrotomy with irrigation and drainage in all cases of this malady which I have met with, and so far my results tend to confirm the opinions stated in my first paper on this subject. I cannot too strongly recommend surgeons to tackle this disease early in order to save the joint structures from prolonged immersion in a particularly destructive exudation. I do not wish to waste space by repeating my reasons for adopting this treatment, but if anyone is sufficiently interested I should like to refer him to the number of the Glasgow Medical Journal for December, 1897, or the Annals of Surgery, February, 1898. In all the following cases particular attention was paid to free drainage, and in not a single instance did sepsis supervene and no relapses occurred. "Discharged cured" implies with a joint normal in contour and function.

Case 1—The patient was admitted to hospital on March 20, 1897, suffering from acute gonorrhea and pain, flexion, and effusion in the left knee. On March 24th arthrotomy was per-

formed and four ounces of turbid serum and lymph-flakes were evacuated. The wound was drained for three days. On April 13th the patient was discharged cured.

Case 2—The patient was admitted to hospital on March 19, 1897, suffering from chronic gonorrhea with arthritis of the right knee. After prolonged expectant and useless treatment arthrotomy was performed on June 13th. One ounce of turbid serum and a piece of thickened synovial membrane were removed. The patient was discharged cured on July 12th.

Case 3—The patient entered hospital on July 21, 1897, suffering from gonorrhea and arthritis of the right knee. On July 26th arthrotomy was performed. On August 14th the patient was discharged cured. Five ounces of turbid, flaky serum were removed at the operation.

Case 4—The patient was admitted to hospital on Sept. 13, 1897, suffering from gonorrhea and arthritis of the right knee. On Sept. 25th arthrotomy was performed and four ounces of serum were evacuated. On Oct. 4th he was discharged with good movement. A month later he came for inspection and the joint was found to be normal.

Case 5—The patient was admitted to hospital on Nov. 4, 1897, suffering from

gonorrhea and arthritis of both knee-joints. On Nov. 6th double arthrotomy was performed and turbid and flaky serum was removed from each. The drains were left out on the third day. The patient was discharged cured on Dec. 3d.

Case 6—A patient was admitted to hospital on Dec. 27, 1898, suffering from gleet and arthritis of the right knee. On Jan. 21, 1899, arthrotomy was performed. On March 6th the patient was discharged cured. Six ounces of serum were evacuated at the operation.

Case 7—A patient was admitted to hospital on Dec. 29th, suffering from gonorrhea and arthritis of the left knee. On Jan. 24th arthrotomy was performed. Three ounces of serum were removed. On March 6th the patient was discharged cured.

Case 8—A patient was admitted to hospital on Jan. 2, 1899, suffering from acute gonorrhea and arthritis of the left knee. On the 3d arthrotomy was performed. On the 17th the wound healed; the contour and function were normal. On the 23d the right wrist became affected and on Feb. 3d arthrotomy was performed and about a teaspoonful of turbid serum was removed; free incisions were made into the swelling around the joint. On March 1st the patient was discharged cured.

Case 9—The patient was admitted to hospital on Feb. 14, 1899, suffering from gonorrhea and arthritis of the

left ankle. On Feb. 21st arthrotomy was performed and incisions were made; owing to the anemic condition the wounds healed very slowly. On May 8th the patient was discharged cured.

Case 10—The patient was admitted to hospital on July 19, 1899, suffering from gonorrhea and arthritis (with cellulitis) of the left wrist. On July 25th arthrotomy, etc., were performed, about half an ounce of turbid serum being removed from the joint and free incisions were made in the congested area. On August 1st swelling was markedly diminished and active movement was daily increasing. The patient is still under treatment.—*London Lancet.*

FRACTURES AND RADIOGRAPHY.—For the last year and a half Tuffier has had every fracture radiographed before treatment and after the dressings have been applied, and has kept a careful record of the subsequent functional results. He finds, to his astonishment, that in numbers of cases in which the reduction has been clinically perfect and the functional results most satisfactory, the reduction of the bones has in reality been far from perfect. He notes (*Semaine Med.*, Dec. 20, 1899) that it is necessary to insert the stitches as close as possible to the fractured surfaces in suturing bones, to prevent slipping.

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EDITORIAL.

The Missing Sponge.

The ablest and most careful men in the world will sometimes have lapses. In nothing has this been more terribly emphasized than in the large number of cases where foreign bodies have been left in the abdominal cavity. While the number of these accidents appears large, yet comparatively they are infinitesimal. Nevertheless, it is incumbent upon the surgeon to keep the remembrance of these cases ever before him. We recall the first, and, in fact, the only case of this kind that we ever witnessed. It was in the practice of the late and eminent Dr. Skene, of Brooklyn. We assisted in an autopsy where Dr. Skene had a few days before done an ovariectomy. Immediately

after opening the abdomen a great, big, vile-looking sponge was fished out. Dr. Skene, who was present, was terribly overcome; yet he boldly wrote up the case and reported it at King's County Medical Society as a warning to others. We students at the Long Island College Hospital blamed an assistant that he had and did not blame Dr. Skene.

In our own practice, four years ago, after removing a multilocular cyst from a little woman, the nurse came to us and said that a canula, which was about seven inches long, was missing. It could not be found anywhere. We palpated over the abdomen of the patient and watched her carefully, feeling frequently tempted to open out the wound, but her symptoms were all so

favorable and the examinations were also so negative, as to any foreign body being in the abdomen, that we decided to leave it alone. The result was that the woman made a remarkably fine recovery and is now fleshy, hearty and happy, yet we still look on her with suspicion and fear that she is guilty of having possession of our canula.

The following report taken from *Monatsschrift für Geburtshilfe und Gynäkologie*, April, 1900, is very valuable along these lines:

"A Brief Report of 108 Cases in which Foreign Bodies (Artery Forceps, Sponges, etc.) were Left in the Abdominal Cavity after Laparotomy. (Neugebauer.)—The above list is a comprehensive collection from the literature on the subject, but is not complete. It is surprising to note how many times this accident has happened to the most experienced operators, and it is fair to assume there are many cases not reported, especially by operators of small experience. Fifty-nine out of one hundred and one cases recovered. In cases fully reported there were the following articles:

"In 30 cases, a sponge.

"In 28 cases, a gauze towel, napkin or compress.

"In 4 cases, a drainage tube.

"In 1 case, a Richelot's clamp.

"In 19 cases, artery forceps.

"In 1 case, a seal ring.

"In 1 case, a glass irrigation tube.

"In 17 cases, article not reported.

"The results in the nineteen cases in which artery forceps were left in the abdomen were as follows: There sepsis, and another from injury to an

artery after a second operation several months later. Three times the artery forceps were discharged spontaneously per anum, one case after four years, one after nine months, and in the third case after ten months. The artery forceps in another case entered the urinary bladder. Twice the artery forceps escaped through abscess in the abdominal wall. In one case the forceps were missed before closing the abdomen and found in the cul de sac of Douglas. Twice the abdominal wound was opened after closure and the forceps found. Four times a new abdominal section was performed from three and one-half months to two years.

"The results of leaving a sponge in twenty-nine cases were as follows:

"In nineteen cases the sponge was discovered at the autopsy. Twice the sponge was missed before the wound was closed, and then found.

"Three times the abdomen was opened at once and the sponges removed. Three times a new laparotomy was performed, twice after twenty-four hours and once after four days. Once the sponge escaped from an abscess in the abdominal wall after five months and eighteen days. One sponge was gradually discharged from a fistula in the abdominal wall, after more than a year and a half.

were seven deaths, six soon after from

"The results of leaving a drainage tube were the following:

"In one case it was removed on the fourth day by laparotomy. In another case it dropped out of the vagina while dancing, a long time after the operation.

"A drainage tube, introduced after paracentesis of the abdominal cavity, was found at the autopsy two years later in the cul-de-sac of Douglas. In one case the drainage tube was expelled by the rectum in two weeks.

"The results of leaving in gauze, sponges, napkins and large compresses in thirty-one cases were as follows:

"Seven times the gauze pads were found at the autopsy. Ten times they were discharged spontaneously per anum, with or without symptoms of ileus, and in from eight months to twelve years. Four times a gauze napkin or towels were spontaneously removed through an abscess in the abdominal wall. Four times the gauze compress was removed from a mass of inflamed, adherent and injured intestine. Once a gauze towel escaped spontaneously from the prevesical space twenty-one days after a symphyseotomy. Once the tampon fell out of the vagina seven weeks after the operation. Twice the gauze has been kept in the abdominal cavity to suppurate out, and once more when the operator touched it behind the bladder eight weeks after the operation."

The day of the sponge has passed.

Long strips of gauze should invariably be used and one end always left outside. This procedure will greatly reduce the danger of this terrible accident.

L.

Practical Charity.

The Salvation Army does good work in providing for fatherless and homeless children, giving them homes and sending many to school or to the

country for healthy outdoor life. Really, practical charity means helping some poor outcast to some of the necessities of life; in fact, to what you and I have in abundance, but do not appreciate, I am afraid.

Perhaps some child you help to a pair of shoes or decent clothes or a home may become a Lincoln, a Clara Barton, a famous physician, or self-sacrificing nurse.

Open your heart!

The annual harvest festival collection is now being taken up. All who wish to help in this worthy cause may send donations of money or children's clothes, shoes or food to 327½ South Spring street, Los Angeles, Cal.

C. G. S.

The Solid South.

Not a political expression, as used here! We refer to the medical profession, the prominent members of which we had the great pleasure of meeting in a recent trip embracing the seven southern counties—the Pleiades—those making up God's country, Southern California!

We found these medical gentlemen a busy, intelligent, prosperous class, alive to the advanced medical and surgical thought of the day. Some were preparing papers to read at county medical, or district, societies; others active in the details of aseptic surgery, modern therapeutics and preventive medicine.

The "Practitioner" is glad to extend to you all a fraternal love. May the rewards of patient industry be abundant and eternal!

C. G. S.

From Santa Barbara to San Jacinto.

The writer has just returned from a pleasant and profitable visit to Santa Barbara, where the various hot springs, mineral springs and resorts were visited. Passing down southward by the Southern Pacific Railroad, Ventura county, with its mineral and other springs at Matilija, Sulphur Mountain and Ojai, was taken in.

A journey of several hours took me to Riverside county, the birthplace of the California navel orange. At San Jacinto I visited two fine mineral springs, the "Branch" and "Ritchey," ending up at Strawberry Valley, in the heart of the San Jacinto Mountains, amid the pines, firs and cedars—just one mile in the air. Here the California Health Resort Company is building a sanatorium. From an elevation of two miles, on the Tauquitz Peak, I looked over the Colorado desert to the Salton Sea, 300 feet below sea-level.

It was my intention to embody in an article the valuable and interesting facts relating to the climate, rainfall, elevation, mineral springs, etc., of Southern California for this (October) number, but the data are so numerous that their tabulation will require another month of preparation. The article will appear in sections, No. 1 in the November Practitioner.

C. G. S.

Orange County Medical Society.

Regular monthly meeting of the Orange County Medical Society was held at the office of Dr. Wilson, at

Westminster, Cal., on the evening of Oct. 2, 1900.

Vice-President H. S. Gordon in the chair.

Present were members Gordon, Wood, Dryer, Berneike, Wilson, Boyd, Ball, Bennie, Freeman and Tyler, and visiting, Dr. Stivers of Los Angeles.

After the usual order of business, Dr. Gordon read a paper on "A Plea for Early Radical Treatment of Pelvic Inflammations," which will be published in November number of the Practitioner. The discussion was spirited and entered into by Drs. Wilson, Bruner, Ball, Dyer, Boyd and Freeman, all agreeing substantially with the essayist, but showing a conservative tendency in the matter of incision, breaking up adhesions and drainage of the posterior cul de sac, preferring the tactics of expectancy, opium and local treatment.

Dr. Wilson then read an able paper on "The Microscope and Diagnosis," which will be published in the Practitioner later. The Doctor exhibited specimens of bacilli of bubonic plague (spurious), pertussis, gonorrhea, and others.

Dr. Bruner reported a case of melena in which a small perforating ulcer of the duodenum was found.

The society voted to publish the transactions in the Practitioner exclusively.

Dr. Freeman invited the society to meet with him at its next meeting, Nov. 13.

A banquet given by Drs. Wilson and Gordon was much enjoyed by the society, after its business meeting.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this office.

Original articles, and reports should be written on one side of the paper only.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE SOUTHERN CALIFORNIA PRACTITIONER, should be addressed "To the Business Manager."

We cannot undertake to return MSS. not used.

Editorial Notes.

The Southern California Dental Association met in Santa Barbara on Oct. 8, 9, 10, 1900.

Medical practices bought, sold and exchanged. Address Business Manager, 1414 So. Hope street, Los Angeles, Cal.

The Practitioner for October, November and December, 1900, will be sent free to any new subscriber for 1901, who will order before Dec. 1st.

Wanted.

Hustling solicitors to get subscribers for the Southern California Practitioner. Medical students in college towns have here an opportunity to help pay for their course. Big commissions; exclusive territory.

The meeting of the Southern Surgical and Gynecological Association will be held in Atlanta, November the 13th, 14th and 15th, under the presidency of Dr. A. M. Cartledge, of Louisville. Prospects are splendid for successful session. Members of the Med-

ical profession are cordially invited to attend.

Dr. John B. Murphy, of Chicago, has accepted a professorship in surgery and clinical surgery in the Northwestern University Medical School, Chicago Medical College. Dr. Murphy has been appointed Surgeon-in-Chief of Mercy Hospital, with the direction of the surgical teaching in that hospital. He will give two clinics each week at the hospital. The hospital now contains 260 beds, with abundance of clinical material. A new amphitheatre with a seating capacity of 300 is in progress of construction.

Dr. Archibald Church has been recently appointed Professor of Nervous and Mental Diseases in Northwestern University Medical School, Chicago Medical College, and head of the Neurological Department.

Diseases in the Philippines.

In an address recently delivered in Baltimore, Md., by L. F. Barker, on some phases of his Philippine trip, he said that the most fatal diseases there are smallpox, typhoid fever, malarial and intestinal troubles. Smallpox, before the arrival of the American, was regarded by the natives as measles is by us, it is so common; but in a few months it was almost stamped out by vaccination. Intestinal troubles are very fatal, death usually resulting after forty-eight hours. If the bacillus can be found, it is likely this can be largely prevented and the efforts of the party the doctor accompanied were directed to this, with, they believe,

success. Good fish is the best food, but bad is the cause of much of the sickness. Ice baths and cold baths must be avoided and one must take the Spanish siesta from 2 to 4 p. m. daily.

finer American prisoners during the former's occupation of Philadelphia.

Personal Mention.

Dr. J. M. Radebaugh has returned from an Eastern trip.

Dr. and Mrs. J. E. Janes, of Pasadena, are at Santa Monica.

Dr. George S. Hull, of Pasadena, is absent on a trip to the Grand Canyon.

Dr. Gertrude Taft, who has recently returned from China to her home in Los Angeles, left on Monday, October 10, for New York City, where she will engage in the practice of her profession in that city.

New Home for J. B. Lippincott Company.

An important transaction has just been concluded by which a number of old-fashioned dwelling houses on East Washington Square have passed from the ownership of the heirs of the famous lawyer, Horace Binney, and will soon be torn down to make way for a fine building to be occupied by J. B. Lippincott Company, whose old home on Filbert street, above Seventh, was burned down some months ago. Possession is to be given by September 14, and it is expected that the demolition of the old structure will begin soon after. The site is considered a very eligible one for the Lippincott Company, as it has light on three sides, is very central, and they will be enabled to promptly issue and increase their excellent line of medical publications by standard authorities. By the way, their new catalogue, just issued, is handsomely illustrated with excellent portraits of many of America's leading medical writers.

Many historic recollections cluster about the properties just sold. They stand on the ground once occupied by the old Walnut Street Prison, built before the Revolution, and in which during the struggle the English con-

Discussion of Papers Read Before Southern California Medical Society Meeting, May 2 and 3, 1900.

PAPER.

Dr. John R. Haynes: "Infusion of Normal Salt Solution in Disease."

DISCUSSION.

Dr. F. D. Bullard, Los Angeles:

I fully agree with the importance of normal salt solution as a therapeutic agent, for it meets the two important indications of elimination and support. It causes a free activity of the kidneys and thus enables the individual to get rid of deleterious substances, whether those substances are the toxins of disease or poisons that have been ingested. I especially agree with the value of eliminants in the treatment of opium poisoning. In the treatment of this condition, I believe that hitherto the medical profession has made a grave error in the use of atropin, that drug being the one of all others that should not be employed in opium poisoning, for it locks up the poison

in the system, thus enabling the original poison to be lethal. The direct antagonist of atropin, viz., pilocarpine, should be used in order to favor elimination, both by the skin and the kidneys. Hereto, venesection is of avail because thereby will be directly removed a certain part of the poison from the circulation. In conjunction with this, hot normal saline solution could be used with advantage, for then the solution would act as an aid in elimination and at the same time permit a withdrawal of a larger amount of the poisoned blood.

Dr. E. R. Smith, Los Angeles:

I wish to emphasize the value of the hypodermic injection of warm saline solution in large quantities, especially in the combating of collapse. In the use of the solution, great care should be exercised in the production of asepsis, not only in the solution itself, but in the syringe, the tube and the needle. This fact was emphasized upon me by discovering that the tube used by myself in an emergency case was an old one, the disorganized lining of which was by my manipulation forced through the needle into the solution that had already been injected under the breast, causing a slight abscess, which, fortunately, healed readily.

Dr. Jno. C. King, Banning, Cal.:

The use of normal salt solution in the rectum has not yet been mentioned. By employing a long rectal tube, an immense quantity can be utilized.

Dr. Geo. L. Cole, Los Angeles:

I am decidedly in favor of the subcutaneous use of the normal salt solution, and I think if it was more generally employed as a prophylactic agent in surgical cases there would be fewer instances of shock. I think that it should be administered in all operations which are likely to be more than a half hour in duration.

In reference to the use of atropin in

opium poisoning, I would say that whereas it should be administered with care, it should not be entirely done away with, for if the patient is sweating profusely, I am of the opinion that his strength will be conserved by the administration of atropin, which, besides checking the perspiration, is a strong heart tonic as well.

Dr. W. W. Hitchcock, Los Angeles:

It is surprising how large an amount of normal salt-solution can be disposed of by the patient. I recently operated in a case suffering from a very large fibro-cystic tumor weighing fifty pounds, and where, owing to the relief of the pressure and presence of adhesions, there was persistent and alarming abdominal hemorrhage. Over three quarts of normal salt-solution were used subcutaneously, beside three large pitcherfuls poured into the abdominal cavity. So rapid was the absorption that by the second day the abdomen was flat and the patient has progressed to an uninterrupted recovery. I believe that in the hemorrhages of typhoid fever, the rectal injection of large quantities of normal salt-solution to be an excellent thing.

Dr. F. C. Shurtleff, Los Angeles:

I have used ice-cold normal salt-solution per rectum in typhoid fever with success, where all other means, such as antipyretics, were of no avail.

Dr. J. R. Haynes (closing):

Normal salt injection I have found of great efficacy in the treatment of uremic conditions; also in the treatment of excessive hemorrhages. I recall an instance in which the patient was suffering from most profound collapse, with all the appearances of impending dissolution, who, under the use of hot normal salt-solution subcutaneously, repeated in large quantities, made an astonishing and complete recovery.

About two years ago I treated a case

of a young lady subject to acute obstructive nephritis, who secreted hardly a dram of urine in a day, and under the use of the normal salt solution improved most wonderfully, but so far had the disease progressed that the final outcome was fatal.

If I were compelled to confine myself to one remedy, in the treatment of typhoid fever, it would be milk; if two, milk and cold baths; if three, milk, cold baths and normal salt-solution injections.

PAPER.

Dr. C. W. Murphy, Los Angeles:
"The Treatment of Hernia, with Report of a Case of Neuritis."*

DISCUSSION.

Dr. F. E. Shurtleff, Los Angeles, Cal.:

I have been very much interested and entertained by the doctor's excellent paper. Of the operations for hernia, that advocated by Bassini is the one.

In reference to the case of neuritis reported by the doctor which had been diagnosed a dislocation by some, I am of the opinion that the fact that in dislocation it would have been impossible to approximate the elbow to the side with the hand upon the shoulder—a procedure easily accomplished in this case, renders the doctor's diagnosis of neuritis absolutely certain.

Dr. W. W. Beckett, of Los Angeles:

It has been my custom in sewing up the wound in operations for hernia, to use the double-ended suture. Indeed, I believe that this method should be employed in all cases of coeliotomy. There should not be too many assistants—never over two. In all cases get into the abdomen as quickly as you can; get out as quickly as you can, and only get in yourself.

Dr. F. C. E. Mattison, Pasadena:

I think that I ought to be able to

diagnose a dislocation of the shoulder, having had my own dislocated three times, and it would be impossible certainly to approximate the elbow to the side with the hand upon the opposite healthy shoulder.

Dr. H. G. Brainerd, Los Angeles:

It must be remembered that in this case the shoulder was flattened. There was crepitus on motion and an X-ray picture revealed the fact that there was an intervening space, apparently between the head of the bone and the socket, so a surgeon seeing only these facts, and not being familiar with the history, might easily have been misled into supposing that it was a case of fracture rather than a traumatic neuritis.

Dr. Murphy (closing):

The act of approximating the elbow to the side with the hand upon the opposite shoulder, is an absolute anatomical impossibility in dislocations of the shoulder, and its absence, therefore, precludes that supposition. Crepitus in this case was due to the lack of all natural secretions of the joint.

In the matter of assistants, I agree with Doctor Beckett, that they should be not only as few as possible, but, if possible, the ones with whom he is accustomed to operate.

New Licentiates

Office Board of Examiners, Medical Society, State of California, 1104 Van Ness Avenue, San Francisco, Cal.

At a meeting held Wednesday, September 5th, 1900, the following certificates were granted:
5713 Abbott, Clark Lorenzo, San Francisco, Rush Medical College, Chicago, Ill., June 21, 1900.

5714 Betts, William W., Los Angeles, Albany Medical College, N. Y., Mar. 9, 1883.

5715 Bennett, Charles Edward, Waukegan, O., Detroit Medical College, Mich., Feb. 23, 1876.

5716 Cox, Frederick Warren, San Francisco, Bellevue Hos. Med. Coll., New York, Mar. 14, 1887.

5717 Downes, Charles Sheridan, San Francisco, Coll. Phys. and Surg., San Francisco, Cal., July 5, 1900.

*["Report of case of Neuritis" will appear in November number.—Ed.]

- 5718 Droll, George Amos, Oakland, Cooper Medical College, Cal., June 5, 1900.
- 5719 Evans, John Hedley, Highland, Kansas City Med. Coll., Mo., Mar. 15, 1900.
- 5720 Ewing, William Brown, Pittsburg, Rush Medical College, Ill., Feb. 17, 1885.
- 5721 Goodall, Ellis Leon, Rowe, Med. Dept. Columbian Univ. Wash., D. C., May 6, 1897.
- 5722 Haas, Agustin, San Francisco, Univ. of Guttingen, Germany, June 27, 1885; Bd. of Public Instruction, City of Mexico, Mar. 17, 1888.
- 5723 Hammond, Henry Powers, Berkeley, Albany Medical College, N. Y., May 19, 1899.
- 5724 Harris, Henry, Baltimore, Md., Johns Hopkins Univ., Baltimore, Md., June 13, 1899.
- 5725 Heffernan, William T., Los Angeles, Ohio Med. Coll., Cincinnati, O., Mar. 7, 1889.
- 5726 Key, Morris Howard, Chicago, Long Island Med. Coll., N. Y., May 16, 1899.
- 5727 Lanz, Paul Ruhuke, San Francisco, Med. Dept. Univ. of California, May 16, 1899.
- 5728 Longstreet, Arthur Hubert, New York, Med. Dept. Univ. of Vermont, June 28, 1900.
- 5729 MacDonald, Everett Anderson, Dayton, O., Medical College of Ohio, April 4, 1895.
- 5730 Maclean, Neil John, Winnipeg, Can., University of Manitoba, Canada, June 3, 1898.
- 5731 MacFarlane, Nowland, San Bernardino, Beaumont Hos. Med. Coll., Mo., Mar. 30, 1900.
- 5732 Martin, John Henry, Los Angeles, Baltimore Med. Coll., Maryland, Mar. 23, 1892.
- 5733 McElroy, Bernard Francis, Oakland, Med. Dept. Univ. of California, May 16, 1899.
- 5734 Miyabe, Tadataro, San Francisco, Med. Dept. Univ. of California, May 15, 1900.
- 5735 Moore, William George, San Francisco, Med. Dept. Univ. of California, May 15, 1900.
- 5736 Nusbaumer, Pauline Schuerr, Plesanton, Women's Med. Coll. of Pennsylvania, May 16, 1900.
- 5737 Plath, O. E., Phoenix, Ariz., Miami Medical College, Ohio, April 3, 1896.
- 5738 Sommer, Ernst August, Oregon City, Med. Dept. Willamette Univ., Or., April 7, 1890.
- 5739 Smith, Dudley Almonte, Santa Barbara, Jefferson Medical College, Pa., May 15, 1900.
- 5740 Smith, Rensselaar J., Los Gatos, Med. Dept. Univ. City of New York, Mar. 11, 1884.
- 5741 Van Strander, William Harold, Hartford, Conn., Med. Dept. Univ. of Vermont, June 28, 1900.
- 5742 Sullivan John Francis, San Francisco, Med. Dept. Univ. of California, May 15, 1900.
- 5743 St. Sure, Frank Augustus, Alameda, Coll. Phys. and Surg., San Francisco, Cal., July 5, 1900.
- 5744 Takemura, Gakujuro, San Francisco, First High School, Chiba, Japan, Nov. 27, 1897.
- 5745 Westerfield, Otto Ferdinand, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5746 Wood, Frank Lyon, Orange, Med. Dept. Harvard Univ., Mass., June 27, 1900.

BOOK REVIEWS

PROGRESSIVE MEDICINE—A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D. Assisted by Charles Adams Holder, M.D. Volume II. June, 1900. Surgery of the Abdomen, including Hernia, Gynecology, Diseases of the Blood, Diathetic and Metabolic Diseases, Diseases of the Glandular and Lymphatic System, Ophthalmology. Lea Brothers & Co., Philadelphia and New York, 1900. Contributors to Volume II.—John G. Clark, M.D., William B. Coley, M.D., Edward Jackson, M.D., Alfred Stengel, M. D.

This volume begins with an interesting article on "Surgery of the Abdomen, including Hernia," by William B. Coley, M. D. It considers principally surgery of the stomach, appendicitis, hernia, plastic operations upon the colon, surgery of the liver, the diagnosis of abdominal tumors, detection of abdominal calculi by X-rays, and operations for repair of the ureters. Some

very valuable suggestions are given under each of these subjects.

Dr. Clark has a chapter on "Gynecology." Dr. Stengel has an article on "Diseases of the Blood; Diathetic and Metabolic Diseases; Diseases of the Glandular and Lymphatic System." The department of Ophthalmology is well covered by Dr. Edward Jackson, taking up successively "Diseases of the Conjunctiva," "Diseases of the Cornea," "Diseases of the Iris and Ciliary Body;" then "Diseases of the Choroid, of the Retina, and of the Optic Nerve;" another in which he considers "Toxic Amblyopias;" then dealing with the "Crystalline Lens." A short article on "Glaucoma" is followed by an article on "Refraction and Accommodation." After considering several other subjects, he con-

cludes with the "Therapeutics of Ophthalmology."

CANCER OF THE UTERUS—Its Pathology, Symptomatology, Diagnosis and Treatment; and the Pathology of Diseases of the Endometrium. By Thomas Stephen Cullen, M.D. (Toronto); Associate Professor of Gynecology in Johns Hopkins University. With 11 lithographic plates and over 300 colored and black illustrations in the text, by Max Brodel and Hermann Becker. New York: D. Appleton & Co. 1900. Royal 8vo. pp. 693.

Here is a fitting companion volume for Kelly's Operative Gynecology. In fact, the style of illustrations and of the binding and size and type, together with the fact that the author is Associate Professor of Gynecology with Howard Kelly in the Johns Hopkins University, makes this treatise practically volume third of Kelly's Gynecology; not but what the author has done much important original work, but through the co-operation of Kelly the work makes a necessary sequel to his own volumes. The author, in speaking of the histology of cancer, says: "We know that in the beginning cancer is essentially a local process and that the apparent independent growths growing later in other organs are really metastases from the primary tumor." He is conservative in regard to the great increase of carcinoma, which has been talked of so much recently, but says, nevertheless, there does appear to be an increase in the frequency of the malignant growth. His conclusions as to the location of cancer are that about one-fifth of all primary cancers are seated in the stomach and somewhat less than one-third are seated in the uterus. He places all cancer growth of the uterus in one or other of the four following groups:

- (1) Squamous-cell carcinoma of the cervix.
- (2) Adeno-carcinoma of the cervix.
- (3) Adeno-carcinoma of the body.
- (4) Squamous-cell carcinoma of the body (rare).

In speaking of vaginal hysterectomy: "In all cases in which there is any breaking down of the tissues it is of course necessary to curette and remove the carcinomatous tissue as far as possible several days previous to the radical operation; otherwise there will in all likelihood be an infection from the offensive, foul-smelling discharge so common in these cases."

The chapter on abdominal hysterectomy is excellent, and the illustrations are very satisfactory. In regard to the immunity of the colored race to carcinoma, the author has shown that the uterus of the negress differs in no way from that of the white woman; even on histological examination it is impossible to distinguish that of the white from the black, the elements being identical. He believes that the negress is just as subject to cancer as the white woman.

We could with satisfaction go on in extenso with our quotations, but even then the reader would not get an adequate idea of the value of this work. The illustrations are numerous and, as we have said before, at least equal to those in Kelly's work.

INTERNATIONAL CLINICS—A Quarterly of Clinical lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other topics of interest to Students and Practitioners. By leading members of the Medical Profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., director of the Ayer Clinical Laboratory of the Pennsylvania Hospital with the collaboration of John Ashhurst, Jr., M.D., LL.D., and Charles H. Reed, M.D. of Philadelphia, James T. Whittaker, M.D., LL.D. of Cincinnati; with regular correspondents in Montreal, London, Paris, Lebusic, and Vienna. Volume II. Tenth series. 1900. Philadelphia, J. B. Lippincott Company, 1900.

The second volume of this ever-welcome work is at hand, and to those who are familiar with it nothing need be said in its praise. That it is now

in its tenth year, and continues to be popular with the profession, is a guarantee of the excellence of the work. "This number contains the last literary work of the lamented Ashhurst and Whittaker. These gentlemen exercised their judgment upon a number of articles as to whether or not they should appear in the pages of the Clinics."

The article by Andrew H. Smith on "The Inadequacy of the Physical Signs as Indicating the Gravity of Pneumonia," though short, is an excellent one. The chapter by Dr. Robt. H. Babcock, of Chicago, on "A Case of Mediastinal Tumor, Illustrating Difficulties of Diagnosis," shows a very complete knowledge of the possible conditions involving the mediastinum, and is well presented. Another chapter on "The Iodide Treatment of Aneurism," by Dr. Louis Faugeres Bishop, is a short article making a plea for the use of iodides in all cases of aneurism. The department of surgery contains a chapter on "The Modern Operations or the Radical Cure of Inguinal Hernia," by Edmund Andrews, M. D. The article is especially valuable by reason of the number of good cuts which it presents in way of illustration. Pages 183 and 184 have some very commendable remarks by Dr. John B. Murphy, of Chicago, upon surgery of the chest; this being embodied in a chapter on "Abscess of the Lung," by Robt. T. Morris, M. D. The volume closes with a very interesting chapter on the recent meeting of the American Medical Association.

A TEXT BOOK OF PRACTICAL THERAPEUTICS.—With especial reference to the application of remedial measures to disease and their employment upon a rational basis. By Hobart Armory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G. E. DeSchweinitz, Edward Martin and Barton C. Hirst. New (8th) edition. In one octavo volume of 706 pages, with 37 engrav-

ings and 3 colored plates. Cloth, \$4.00; Lea Brothers & Co.

We are glad to note the eighth edition of Hare's Practical Therapeutics, which is good evidence that the demand of the medical profession for rational reasons and experimental knowledge of the action and uses of remedial measures is on the increase rather than decrease. As the pessimistic physician would have it, "Therapeutics is useless," and that this department of medical science is not keeping pace with surgery, pathology and other branches of the profession.

A work that requires eight editions in ten years is sufficient criterion of its value. In this eighth edition we note several improvements, both in illustrations and the subject matter. The article on serum therapy in the treatment of diphtheria is especially beneficial, as the investigators have had more time to make a more thorough test of its true value than in former editions. Also, the article on disinfection deserves special mention, as the author describes the latest and most complete methods. In his preface the author gives due credit to Professors de Schweinitz, Martin and Hirst for contributions in their contributions in their departments, viz., diseases of the eye, genito-urinary tract, and puerperal diseases.

ATLAS AND EPITOME OF PATHOLOGIC HISTOLOGY.—By Docent Dr. Hermann Durck, assistant in the Pathologic Institute, Prosecutor to the Municipal Hospital L. I. in Munich. Authorized translation from the German. Edited by Ludvig Hektoen, M. D., Professor of Pathology in Rush Medical College, Chicago. Circulatory Organs; Respiratory Organs; Gastro-Intestinal Tract. With 62 colored plates. Price \$3.00. W. B. Saunders, 925 Walnut street, Philadelphia. 1900.

The author states that the object of this work is to further the knowledge of the microscopic changes produced by disease. The author and the publishers together have made the work

satisfactorily fulfill its object. To the young student as well as to the general practitioner who has not had other training in the use of the microscope, this volume will prove very useful. The contents are divided into three sections—first, "The Organs of Circulation;" second, "The Respiratory Organs;" and, third, "The Digestive Organs." The pathologic histology of the pleura is given both in text and illustrations very fully; but when the author comes to the peritoneum, he simply refers the reader to the chapter on the pleura, in which he says: "The inflammations resemble histologically the same process." The sale of these new atlases has, the publishers assure us, been phenomenal and we can well understand that such might be the case.

MEDICAL DISEASES OF INFANCY AND CHILDHOOD—By Dawson Williams, M.D., Physician to the East London Hospital for Children. New (2nd) edition. Specially revised for America by F. S. Churchill, A.B., M.D., Instructor in Diseases of Children, Rush Medical College. In one 8vo. volume of 538 pages, with 52 illustrations and 2 colored plates. Cloth, \$3.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This work, the original English edition of which met with such a cordial reception in America, has been specially revised for American readers by Dr. Churchill, of Rush Medical College, who, by reason of his long clinical teaching and experience, is a man peculiarly fitted for the work.

The second chapter on Clinical Examination, dealing specially with the examination of children and infants, contains many excellent suggestions. Scattered throughout the work are many prescriptions which have proven favorites with the author. Chapters XLVI and XLVII, on Diseases of the Skin, are especially worthy of mention. The appendix, also, contains a number of trustworthy prescriptions. The book is well indexed.

PROGRESSIVE MEDICINE, Vol. III, September, 1900.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences—Edited by Hobart Armory Hare, M.D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo handsomely bound in cloth, 498 pages, with 14 engravings. Lea Brothers & Co., Philadelphia and New York. Issued quarterly. Price, \$10.00 per year.

This quarterly, volume III, for 1900, well sustains the standard of excellence which has marked this exceedingly useful publication. The opening section, by Dr. William Ewart, of London, deals at length with Diseases of the Thorax and its Viscera, giving special attention to the therapeutic advances made therein during the past year. In fact, the present volume seems especially characterized by the thoroughness and repleteness of therapeutic measures. The contribution on Obstetrics by Norris is well calculated to surprise those who have considered treatment in this line well perfected. It is an especially interesting chapter, comprising nearly 100 pages. The contributors are to be congratulated upon the superiority of the articles in this volume.

A MANUAL OF PERSONAL HYGIENE—Edited by Walter L. Pyle, A.M., M.D., Assistant Surgeon to Wills Eye Hospital, Philadelphia; Fellow of the American Academy of Medicine; former Editor of the International Medical Magazine, etc. Contributors: J. W. Courtney, M.D., Walter L. Pyle, M.D., George Howard Fox, M.D., B. Alexander Randall, M.D., E. Fletcher Ingalls, M.D., G. N. Stewart, M.D., and Charles G. Stockton, M.D. Illustrated. Philadelphia; W. B. Saunders & Company. 1900. Price Cloth, \$1.50, net.

This is a practical volume which covers the thousand and one questions that are liable to be asked a physician in his daily rounds. The chapter on digestion is an especially useful one, as are also those on the Hygiene of the Skin, the Respiratory Apparatus, the Ear, the Eye and the Brain and Nervous System. The last chapter is devoted to Physical Exercise, and contains an abundance of practical sug-

gestions. The book is entertaining as well as instructive.

NORMAL HISTOLOGY—By Edward K. Dunham, Ph.B., M.D., Professor of General Pathology, Bacteriology, and Hygiene in the University and Bellevue Hospital Medical College, New York. Second edition. Illustrated with 244 engravings. Lea Brothers & Company, New York and Philadelphia, 1900.

This book, comprising over 300 pages, presents the subject matter to the student and to the practitioner in a very systematic form. In the introduction certain generalizations are given which should be kept constantly in mind and which assist the memory in retaining facts by showing their logical correlation. "The author believes that his experience has shown that the introduction of these fundamental ideas as been a distinct aid to the student." Chapter I is devoted to the Cell, after which the various tissues of the body are taken up in order. Part II, comprising some forty pages, is devoted to Practical Suggestions for the Care and Use of Microscope and Microscopical Technic.

MANUAL OF PATHOLOGY INCLUDING BACTERIOLOGY, THE TECHNIC OF POSTMORTEMS, AND METHODS OF PATHOLOGIC RESEARCH—By W. M. Late Chaplin, M.D., Professor of Pathology and Bacteriology, Jefferson Medical College, Philadelphia; Pathologist to Jefferson Medical College Hospital and to the Philadelphia (Blockley) Hospital; Bacteriologist to the Pennsylvania State Board of Health. Third edition revised and enlarged. 330 illustrations and 7 colored plates. Octavo, 846 pages. \$3.50, net. P. Blakiston's Son & Co., Philadelphia, Pa.

To those who are familiar with the first and second editions of this work, little need be said, more than that the third edition is more complete than the former ones.

Chapter I, on Postmortem Examinations, is one of the best on this subject that the reviewer has ever seen.

Chapter II deals with Histologic Methods, and contains an abundance

of information. Chapter III, on Bacteriological Technic, may be dismissed with the same observation. The chapter on Microscopic Examination of the Urine has some beautiful cuts, but is a rather short, unsatisfactory chapter. The same may be said of the following chapter on Technic of Sputum Examination. Yet they are subjects so fully covered by other works that perhaps the book is the more valuable in giving space to more important subjects.

Part II of the book, dealing with General Pathology, comprises 250 pages, after which Special Pathology (Part III) is taken up. Chapter I, under Special Pathology, deals with the blood and the technic of blood examination. It is an excellent article of about 50 pages. The chapter on Lymph Glands, though short, is a valuable one.

The book is made especially valuable by reason of its clear type, beautiful paper, and by the clearness of the expression. It contains, moreover, an index that is most complete, which adds largely to the usefulness of the work for the general practitioner.

The Journal of Surgical Technology is a bright, new monthly publication, which is issued by the Technique Publishing Company, 404 East Fourteenth street, New York City. Its aim is to have articles on the technique of surgical procedures, including descriptions of instruments and other uses of hospital equipment and everything appertaining to the diagnosis and mechanical treatment of diseases.

The price is only \$1.00 per year.

SCATTERED LEAVES FROM A PHYSICIAN'S DAIRY—By Albert Abrams, A.M., M.D. (Heidelberg), F.R.M.S., Author of "The Antiseptic Club," etc. St. Louis, Mo., Fortnightly Press Co., 1900.

These are bright stories, written in the leisure moments of an able physician.

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THE PHYSICIAN AND THE MODERN COMPLEX LIFE.*

BY F. R. BURNHAM, M. D., SAN DIEGO, CAL.

Life has reached its greatest value when it obtains physical, mental and moral symmetry. "Then the miracle and renown begin." I recently listened to a lecture by Prof. Rolf of the Chicago University, upon the simplicity of living as exemplified by the Concord poets and essayists. It brought vividly before my mind our modern, high-pressure life, its dangers and our responsibility.

As a nation we are losing our independence as we become crowded together; particularly in the large cities. "It is easy in the world to live after the world's opinions; it is easy in solitude to live after one's own; but the great man is he who in the midst of the crowd keeps with perfect sweetness the independence of solitude." This independence of solitude that Thoreau speaks of is absolutely neces-

sary, if each for himself, is to get the most out of life. We take pride in the assertion that modern medicine has considerably extended the average length of human life. This is right, for it is true, but where does this increase appear? At both extremes of life. By the scientific composition of artificial food, modification and sterilization of cow's milk; by skillful nursing and the large increase of foundling asylums; the districting and cleaning of the slums of large cities; the furnishing of free skillful medical attendance, and in many other ways, infant mortality has been very much decreased. Old age through hospitals and homes provided by the philanthropic and State aid, through more general diffusion of wealth, has been considerably lengthened. But the middle period of life, the productive pe-

*Read before the Southern California Medical Society, May 3, 1900.

riod, the one most valuable from a commercial standpoint, is shortened. (I make this statement without attempt at proof, as I think it will be conceded.)

As physicians, our highest duty is to attempt by advice to so evenly distribute the burdens of life, that no period shall be overworked. We should warn the people against this reckless expenditure of vital force during this middle period, when man's physical and mental activities are at the very best, because it means an early break down, with attendant loss of time, opportunities, and most of all, health.

This race for wealth in the shortest possible time, without thought or care at whatever cost, until too late, must be combatted. Nor is this the only great danger to health that we have to meet. The "fierce, white heat" of the struggle for so-called modern culture, is quite as killing as money-getting; but its baneful effects fall most heavily upon women. The modern literary club has grave evils which if not used with temperance in the future, will out-weigh the benefits, great as they undoubtedly are. Most of the well-educated women in our cities aspire to belong to from one to six clubs, and try to shine as stars of the first magnitude in each. What this great nervous strain means to many women who are attempting to do what they are not fitted to do, I need not say, every physician knows.

The worst feature is that our homes and children are the greatest sufferers. Whatever weakens the mother's health or interferes with her personal care of her children, strikes near the root of longevity. If I mistake not, club life, both literary and social is superseding the home. A good physical inheritance is an absolute necessity to the success of any race. Emerson says, "We anticipate in the doctrine of race, something like the law of physiology. That, whatever bone,

muscle or essential organ is found in our healthy individual, the same part or organ may be found in or near the same place in its congener, and we look to find in the son every mental and moral property that existed in the ancestor." We sprang from strong ancestors, we must bequeath to our successors the same strength of nerve and muscle if we would be honest. It is in the field of preventive medicine that we must work in the future, if we are to save the race from the evils that threaten on every hand.

It is true that by preventing disease and death the physician lessens his possibilities of earning money, yet at the same time he performs his highest duty. This wanton destruction of unborn life which seems to be increasing as women enter more and more into the public activities of life, should meet with a violent protest from us! We must create a public sentiment that will make it a disgrace for a married woman to be barren. The spirit of the Jewish race needs to be reincarnated. The mothers of Israel prayed for offspring. When the ambition to shine in society, or to be called a blue stocking outweighs the desire for offspring, modern civilization is threatened. And this condition prevails too extensively today. When we note that the first five years of every child's life is almost completely under the care of the mother (if it has any care), and that during that period over 97 per cent. of the mortality of some of our large cities is under this age, we begin to realize the necessity of intelligent mother-care and love in the home. If we do not center in the home woman's greatest ambitions we will follow in the train of the nations of antiquity.

After five years of age the responsibility for the child is shared with the public school and with this divided responsibility the chances for good or

ill are increased. If one-half the ills charged up to the public schools be true, the wonder is, that we are alive to tell the tale! I am inclined to think, however, that each generation is paying a larger debt to modern education than the preceding; but the public schools are not alone to blame. Parents who have no time to visit the school where their child is being educated; who do not carefully supervise the hours of sleep and work, as well as recreation, can expect only bad results. It is during the growing, developing period, before the balance between different organs has become adjusted, or function fully established, that injury so often occurs. The time has arrived when in our professional capacity, we should insist on the thorough medical inspection of our public schools, and other public institutions. In the Philadelphia Medical Journal, March 10, 1900, we read, "The medical inspection of schools is such a logical procedure that its success is not surprising, and its adoption is becoming more and more general. Preventive medicine is no longer a dream or a theory but a reality, and an actual condition, and the school is a fertile field for application. The suggestion of medical inspection of schools in Germany emanated from the renowned Virchow 12 years ago and has steadily increased in favor. Medical inspection of schools in Chicago since January last has decreased by 60 per cent. contagious and infectious diseases. Supt. Badine of Chicago, reports that since January there have been 54,000 medical inspections and 344 pupils excluded. He further reports the great good which results from this inspection is rapidly becoming apparent. Words of praise are heard on all sides for the Board of Education in establishing medical inspection." Only healthy children should be allowed in the public schools, for their own good and the safety of others. I believe as

our course of study is now arranged, it would be much better if our children were not put into school before the eighth year. If children could be taught only the subjects that their young minds can comprehend, and the hours shortened, the present age might be all right. The idea of housing up small children in poor air four or five hours daily, and trying to teach them number work, which from a psychological standpoint every educator knows their minds are not able to grasp, is folly of the rankest kind. One of the most conspicuous results of our school work is eye injury. How many of us are looking through defective eyes because of school work, and more often than not, during early years when the eye is more easily affected? Look on the streets and see the number of children wearing glasses that should be only the insignia of age and to know they will probably go through life in this way. I want to quote from the report of the committee on the examination of the school children's eyes in the Philadelphia public schools, viz.: "At the commencement of each school year the eyes of each and every pupil shall be examined in the manner prescribed on the cards of instruction herewith enclosed. The examination of the eyes of the child in each class shall be made by the teacher in charge of the class, and the result of the examination recorded on the prescribed form furnished for the purpose; that these records properly dated, shall be placed in card index form in the keeping of the principal of the school, as a part of the school archives, to be returned to the teacher of each child for the annual examination at the commencement of each succeeding school year, and to follow the child in case of promotion or transfer. That when the result of the examination discloses defective vision, as set forth in the cards of instruction, the teacher shall fill up and send to the

parents of the child the blank card of advice herewith enclosed. As to the feasibility of this plan they suggest, they wish to urge that the examination in the manner prescribed does not require the service of a professional expert, but can be readily performed by the teacher. Ten or fifteen children can be examined daily before the opening daily session of the school, or at its close, so without adding greatly to the labors of the teacher, the entire class can be examined in a week or ten days and the records carefully made and placed on file with the principal. In this way before the close of the second week of the school year the eyes of every pupil in the city will have been examined and his or her fitness to pursue his or her studies determined. They suggest a series of instruction-lectures or demonstrations to the teachers in order to secure an accurate understanding of the methods set forth in the cards of instruction.

The cards referred to are simple and plain with ample instructions on the back so that any teacher after very little instruction could make a sufficiently accurate examination to determine whether the child could go on or should be sent home with a letter of instruction to the parents as to the condition of the child's eyes and advice that they consult an eye surgeon at once. They also extend a like examination to the ear. I think that we might try this in our schools at once.

Again, look at the boys and girls in our schools, working far into the

night when they should be in bed storing up nervous energy instead of exhausting it. As medical men will we stand idly by and let this destructive process go on? Let us take a deeper interest in the conduct of our public schools. Take a position on the Board of Education when it is offered to you. We owe this duty to the public and should be willing to make some sacrifice to fulfill it.

First let us insist that every child as he enters the school house shall pass under the eye of a thoroughly trained medical man and that every child not in good health shall be sent home. Better by far that the child grow up in ignorance of what the schools teach, with health, than with broken health and a little learning that he can never use. We are fast drifting into the idea that the culture of school training must be had at any cost. The results will be disastrous if we do not mend our ways and pay far greater attention to the physical training of our youth; as the foundation on which to build up a symmetrical man. The statement is made that the course of study in our High Schools in Southern California, which we find too heavy, is not complained of in the northern part of the State. The reason advanced is that the prevalence of tuberculosis in this part of the State is undermining the constitutions of our children. I do not believe that this is true, but it only intensifies the importance of giving our personal attention to our school work.

PLACENTA PREVIA.*

BY C. HEATON, M. D., POMONA, CAL.

The abnormal position of the placenta, reaching to or over the mouth

of the uterus, is an accident, that until recently has resulted in the death

*Read before the Southern California Medical Society, May 3, 1900.

of about one-third of the mothers and more than one-half of the children, in all confinements.

This accident occurs only about once in 1,000 labors, yet our next case of confinement may present this complication.

With such a possibility and such a frightful mortality, and with methods of treatment that are various, indicating that the profession is not agreed as to the best plan to pursue, we must regard this subject as among the most important for our consideration, and further investigation.

Some authors name four varieties of placenta previa, viz.: Central, partial, marginal and lateral, but a distinction between the last two seems unnecessary.

As a rule, the nearer the placenta comes to being centrally implanted, the sooner hemorrhage begins, and the greater the mortality to both mother and child.

No satisfactory explanation has been offered as to why the placenta should be previa in any case, or why as a rule when partial or lateral, it should be on the right side.

The accident seems to be most frequent in women who have borne children in rapid succession, and following abortions, conditions which favor relaxation of the uterine walls, dilatation of the cavity, and defective development of the decidua (Lusk).

The recurrence of placenta previa one or more times in the same patient might be the result of a malformation, as was found and recorded by Ingleby, who relates two cases where the orifices of the Fallopian tubes opened near the os interum, in one of which placenta previa occurred three times, and in the other ten times (Lusk).

The superincumbent weight of the fetus and amniotic fluid, being brought down against the placenta at every jar of the body, is liable to rupture the delicate utero-placental vessels, thus

causing hemorrhage and miscarriage more frequently, than when the placenta is normally attached.

Fortunately in the large majority of cases of placenta previa, the patient has warning given by a sudden, sharp hemorrhage, usually severe enough to induce her to consult a physician. Such a report from a woman in the latter part of pregnancy, usually puts her physician on the anxious seat, if he interprets it aright. After such a warning an examination should be made, and if prior to the seventh month, and the hemorrhage has ceased, quiet should be enjoined, and if there are pains, opiates should be given, with the strict injunction that a physician be called at once if hemorrhage recurs. If there is an intelligent nurse in the case she might be instructed how to introduce a tampon this knowledge to be put into effect if hemorrhage recurs and be profuse, before the arrival of a physician. Fatal cases of placenta previa rarely occur before the ninth month of utero gestation, yet the bad effect of those hemorrhages that occur previous to that time help to make those that come later fatal to both mother and child.

Hemorrhage before the seventh month, or profuse before the eighth, would indicate that the placenta was centrally implanted. With a probability that the placenta is central, the labor should be terminated. The danger of a fatal result to the mother, by delay, increases out of proportion to the safety accruing to the child.

The following symptoms occurring the last month of pregnancy are diagnostic of placenta previa; a sudden hemorrhage more or less marked; a boggy feel around the cervix, and if cervix is dilated sufficiently to admit the end of the finger, there will be a rough corded condition revealed.

When the placenta is lateral, I have noticed in one or two cases of mis-

carriages, that the side of the os corresponding to the side on which the placenta was attached was much thicker than the opposite side a symptom that may be taken as indicating that the placenta is marginal.

In the presence of hemorrhage, the natural thing to do, is to bring pressure to bear upon the bleeding point or surface. In the large majority of cases that is what is done. This may be accomplished in two ways: First, by employing the vaginal tampon or by dilators. Second, by inducing labor, thus bringing the head or breach of the child to bear upon the placental site.

If there is hemorrhage and the os is rigid or undilated, the vaginal tampon should be employed; however, before doing so, the bladder and rectum should be emptied, and the vagina and external genitals cleansed, if the hemorrhage is not so great as to render it unsafe to take the time to do so.

The tampon should be used for several reasons: 1st. To gain time. 2nd. To excite uterine action. 3rd. To bring pressure to bear upon the bleeding points, and thereby obstruct the flow of blood.

A piece of aseptic sponge, or cotton, wrung out of some astringent solution, as alum, tannic acid, or Monsell's solution aseptitized should be inserted into or against the cervix and followed by strips of towel, gauze, a roller bandage or cotton balls or disks sterile and wrung out of a two per cent. carbolic, or a 1 to 1000 bichloride solution.

The packing should be done with the aid of a Sims or a bivalve speculum and should be thorough, and if to remain during the absence of the attending physician a T-bandage should be applied.

In four hours or less, the physician in attendance should have a fellow practitioner present, to assist and to share the responsibility in the case.

The tampon should be removed, and if there is no change in the os, the vagina should be irrigated with an antiseptic solution, and tamponed as before, but the probability is that the os will be more patulous, if not dilated. If so, an anesthetic should be administered, the patient placed in the lithotomy position, the vagina and external genitals cleansed, and an attempt made to dilate the cervix—first with one finger, then with two, and then with fingers and thumb in cone shape.

In stead of using the fingers to dilate the cervix, the Barnes bag may be employed. They are not always at hand, and are liable to burst. They should be tested before being used. With the aid of morphine and chloral or an anesthetic, the bags are seldom necessary. It has been suggested by good authority that if there is a rigid os depending upon fibrous or condensed tissue, that a resort to incision be made.

Before perforating the placenta or rupturing the membranes, by passing to the edge of the placenta, the position of the child should be made either vertex or breech, according to the indications in the case. If there be uterine inertia the breech should be brought down; if not, the vertex should be made to present, the membranes ruptured, and the case left to nature, or, if necessary, aid rendered by the application of the forceps if the head is accessible. When a foot is brought down, and the breech is low enough to stop hemorrhage, there should be no hurry to deliver the body of the child.

After delivery, more than the ordinary precautions should be taken to prevent post-partum hemorrhages.

The tonicity of the uterus, already enfeebled from the loss of blood, predisposes to hemorrhage at a time when there is no blood to spare. Ergot should be used at an earlier period

than in normal or ordinary labors, and should be continued to a later stage of the case. If post-partum hemorrhage should occur, the usual methods for treating such an accident should be employed.

If collapse threatens, sub-cutaneous injections of warm normal salt solution, or an enema of the same, are to be employed. For several days after delivery uterine irrigations should be used; as the case has been necessarily handled more than in ordinary labors the site of the placental attachment is where the lochial discharge must pass over it, and the resisting power of the system against infection is reduced because of the enfeebled condition from the loss of blood.

There are two methods of treatment of the more serious cases of placenta previa, that I have not mentioned, viz., Caesarian section and hysterectomy. Ford of St. Louis has advocated Caesarian section in the graver forms, and the operation has been performed by Bernays of the same city, saving the mother, but losing the child.

Neither of these procedures could be reasonably advocated in the interests of the mother, for the skill required to perform either of these operations aseptically and up to date in other respects, applied in carrying out the old plans of treatment, would save more women than could possibly be saved by either operation referred to above.

Lorimer reports 16 cases, Hofmier 37, Behm 35, Writer 16, making a total of 104 cases with but one death. These same cases in the hands of the advocates of either or both of these operations could not have done better.

Many children that are otherwise lost might be saved by Caesarian section or hysterectomy, but if the latter operation is selected the woman would be seriously mutilated, and beyond the possibility of bearing more children, which, however, she might do without

this procedure, if not too near the menopause, and without the probability of the recurrence of the accident. If a probability of bearing other children, Caesarian section would be preferable if old plans of treatment are not considered feasible.

In order to make the discussion of the subject under consideration of more interest I will give a condensed history of four cases that have come under my observation and twelve that have occurred in the practice of some of the members of our local society, and also of two Los Angeles' physicians.

Of these sixteen cases, two mothers and twelve children were lost (12½ and 75 per cent.).

In the case of one mother who died, it was her third pregnancy. The first hemorrhage occurred at the fourth month, and was slight—considerable hemorrhage at the seventh and eighth month—profuse last of the ninth month and during labor. The placenta was perforated, and delivery effected by the aid of the forceps. The child was also lost.

The other mother lost was a primipara, aged 35. First hemorrhage at eighth month, and was enormous; placenta centrally implanted, vertex presenting. The placenta was forcibly detached; podalic version was performed. Mother died four hours after delivery. She attempted to raise herself in bed and fell back dead.

In the first case there was ample warning, as the hemorrhage was profuse some two months before full term. Both mother and child might have been saved if labor had been induced at about seven and one-half months. In the second there was but little time in which to act. The first hemorrhage was also the last.

The histories of the cases in which the children were saved are, briefly, as follows: Mrs. M., aged 30, first labor; hemorrhage considerable at the sixth

month, severe at seventh and eighth. Vertex presented, the placental attachment was nearly central. Os was dilated with the fingers—membrane ruptured—forceps applied. Mother terribly exsanguinated. This was a case in which the end justified the waiting attitude, that failed in the above fatal case reported.

The third child saved went to term. Hemorrhage slight at eight and one-half months and during delivery; vertex presented. Membranes ruptured and the case left to nature. The fourth child saved was the result of a fourth pregnancy, the one preceding having been a pair of twins. A moderate hemorrhage at eight and one-half months, and but little at term. Placenta lateral. A cross presentation of child; a foot was brought down, and child and placenta delivered without much difficulty. This was the only cross-presentation of the series. There was one breech presentation. The placenta was firmly attached in two.

In one case reported in this series, placenta previa occurred in the third and fourth pregnancy, both children lost.

In another it occurred three times in succession, the fifth, sixth and seventh. All the children lost and fatal to both mother and child in the last.

One of the cases reported had pro-

fuse hemorrhage extending over three months. The physician reporting it, was called, when labor had begun, to find the woman in convulsions.

If bleeding is a remedial agent in puerperal eclampsia the same remedy should have prevented the seizures in this case.

One case reported had hemorrhage, beginning at the end of the fifth month and continued most of the time for thirty days. It was the drop by drop variety known as "Stillicidium." Labor came on at the end of the sixth month, with but little further loss of blood. Child had evidently been dead some hours.

The placenta was central in five cases. One placenta that was centrally implanted was sixteen inches in diameter.

The child was delivered through an opening that was made by the attending physician.

The placenta was perforated in three places. The forceps were applied four times—once to the after-coming head.

Of the cases in which the child was still-born, there were four whose histories indicate that an earlier delivery would have resulted in saving the child, and in a shorter convalescence for the mother—one of these was in my own practice.

LAVAGE OF THE STOMACH IN OBSTRUCTION OF THE BOWEL.

BY L. G. VISSCHER, M. D., LOS ANGELES, CAL.

A very puzzling case of bowel obstruction, recently seen by many of us, through the courtesy of Dr. Claire W. Murphy (who soon will report his trying experience in this case), brought into consideration amongst different modes of treatment, the lavage of the stomach. When we classify our therapeutical measures in oc-

clusio intestinalis as dietetical, mechanical, medicinal and surgical, we ought to mention the washing of the stomach at the head of the mechanical ones. It was Kussmaul (the clinician who used with such great benefit the stomach-tube in children), who, in 1884, gave to the so often desolate therapeutics in acute bowel occlusion

the new procedure of washing the stomach. He and Cahn saved the lives of three patients suffering from ileus with prognosis pessima. Soon favorable reports from Senator, Kuster, Henoch, Ewald and others followed, so that nowadays the lavage of the stomach is equal in effectiveness to opium in the treatment of bowel obstruction. The value of this procedure is a double one: First, we lessen the pressure above the occlusion with a consequent quieting of the excessive peristalsis which frequently are the chief obstacles for the self-reduction of the occluded bowel. By emptying the stomach (sometimes large masses can thus be evacuated), the retrograde efflux of the duodenal and jejunal contents is materially helped, as shown by the fact, that sometimes two or three hours after the lavage, a second washing carries off a considerable amount of the intestinal contents. Not necessarily is this fecal matter.

Prof. Murphy (Chicago,) mentioned in his admirable paper read before the Medical Society in Los Angeles, now about two years ago, that he only in exceptional cases had witnessed true fecal vomiting; this will be less astonishing to us when we realize that the real feces are found in the colon. Second, by emptying stomach and bowel above the obstruction we removed putrescent matter, which in addition to the nervous shock, and the local anatomical changes, by its absorption causes toxemia, fatal in its effect. The real field of activity for the stomach tube in this class of cases is where we have good reason to diagnose the obstruction in the small intestine, and especially in the upper part. Since now in acute occlusion we very often are unable to even find the cause of the obstruction, this restriction as made by Nothnagel fully explains the fact that stomach washing will help in one case and be ultimately non-effective in the other. And more, the stomach washing is limited in time to

the initial stadium of a case of ileus. The more violent the vomiting of even fecal or fecaloid matter, the more urgent is the lavage. Therefore, it should be practiced only in the first 48 hours from the onset of the symptoms. Apart from the effects described, we will appreciate this procedure by the immediate great relief to the sufferings of the patient when the stomach is freed from the badly decomposed matter, thrown into the organ by retroperistalsis. The effect on the general condition during this stage is often very satisfactory and sometimes surprising. The relief thus afforded is so deceiving, that especially from the surgical side, this state of euphoria is locked upon with suspicion, on the same principle as the effect of opium in this condition.

When beginning paralysis of the heart indicates impending agony, then we may hardly expect help from the stomach tube, and probably would add only to the misery of our patients. And, yet, where life is at stake, we are authorized, if urged, to try a measure which has saved the life of dying patients. There are some technicalities: First, the stomach should be washed from two to seven times a day. We should prevent vomiting instead of waiting until it started. And even when after vomiting the first wash water returns clear we should continue. It is surprising how much better many patients feel after a washing of a so-called empty stomach. To facilitate the procedure morphine hypodermically is of use; and it is better not to use cocaine to blunt the pharyngeal and with it the laryngeal reflex. There is danger of pneumonia, which has occurred repeatedly. Ewald taught us therefore to pinch the tube in withdrawing it with one large pull, to avoid the contents of the tube flowing into the trachea. Though we may not expect too much from this *modus operandi*, we still ought to give it a fair trial in suitable cases.

A PLEA FOR EARLY RADICAL TREATMENT IN PELVIC INFLAMMATION.*

BY H. S. GORDON, M. D., WESTMINSTER, CAL.

Mr. President and Gentlemen: When I began this paper I fully intended to give a synopsis of how I treated the different pelvic inflammations, but I found it would require more time than I had to devote to the writing, or you to the discussion of a subject of so great magnitude, hence I have limited my paper to "Endometritis" and the invasion of surrounding tissues dependent on it.

I presume it would be in order for me to apologize in advance for the disconnected arrangement of this paper, but I have written as my mind ran.

The subject of this paper is one of interest to every general practitioner as it treats of a class of cases with which we all have to do, and it is of vital importance that all should have a thorough knowledge of the pathology, diagnosis and treatment of them. A great many of them are what we term emergency cases, and do not admit of sufficient delay to allow the attending physician time to consult his works of reference or send for some specialist fifty or one hundred miles distant, but must be treated and properly treated, if we wish to save our patient, and preserve our reputations. The more cases of this sort I have to treat the more I am convinced that they should be treated as similar inflammations in other portions of the body are treated and that surgical interference is the only rational method of treating a large majority of these cases.

I will not encroach upon your time in giving a clinical history of the different inflammatory troubles of the

pelvic organs, but will only mention such clinical features as are necessary to show my reasons for the treatment advocated.

Of the catarrhal inflammations of these organs it is unnecessary for me to mention any particular treatment as I presume every one present has a definite course to pursue in such cases, but the purulent inflammations are the cases for which I will endeavor to give a line of treatment that will not only diminish the mortality, but restore to health many of these unfortunates and make posterity possible.

You all know how many of these cases while able after the usual treatment to go about and perform their household duties, at the same time complain of weak back and a dragging sensation in the pelvis and at intervals of longer or shorter duration they are subject to attacks of apparently acute inflammations of some of the pelvic organs and thus they go on until they are forced to submit to a capital operation for relief. Now it is the avoidance of this condition by the proper treatment early in the case that I wish to advocate.

It rarely happens that a pyosalpinx, ovarian abscess and pelvic peritonitis occur except through the medium of the uterus and of these uterine inflammations, purulent endometritis, is beyond doubt the most frequent cause.

This being the case it becomes the duty of the physician to first treat this condition properly.

It is not necessary for me to enumerate the many causes for this condition except that I desire to state that many

*Read before the Orange County Medical Society, October, 2, 1900.

cases of non-purulent endometritis are converted into a purulent one by treatment. I have seen a gynecologist treat case after case with the same instruments without once sterilizing them, and I have no doubt he has had to do hysterectomies, oophorectomies, and other operations made necessary by this careless method of treatment.

Never under any circumstances, gentlemen, pass an instrument into the uterus through an infected cervix without first sterilizing the instrument and cervix; you may have a diseased cervix and a sound endometrium, but you won't have long if you are careless in this particular. In the treatment of acute septic endometritis one must consider the future of the membrane and avoid destruction of it in every way possible. It is, therefore, inadvisable to use the powerful escharotic antiseptics as they only destroy the tissue in a part already weakened and by causing a slough furnish a decidedly favorable culture medium for the germs which they do not reach and destroy. Furthermore, in producing this slough they must necessarily leave cicatricial tissue, which, as you are aware, will not furnish decidual cells in future gestation.

If called to treat a case of purulent endometritis from its inception I would begin with a vaginal douche of bichloride 1 to 2000, followed by local applications of iodine to the cervix up to, but not through the internal os, and then wash out the uterus with a three per cent. solution of boric acid followed by free irrigation with normal saline solution. This should be repeated every ten hours, and if after forty-eight hours there is no improvement, it may be reasonably inferred that the process has extended beyond the uterus and the case is one that demands surgical interference, and should have a thorough curettement and the cul-de-sac opened and the proper treatment applied, of which I

will speak more fully in another part of this paper.

Now this treatment is to be applied to such cases as are caused by trauma, unclean instruments, etc., and where it is reasonable to suppose streptococci are the infecting germs and does not apply to puerperal cases, or cases following abortion, for in these cases the treatment must be more energetic from the beginning for they are more likely to contain the infection saprophytes, and the distended condition of the blood vessels and lymphatics admits of more rapid absorption of the poison and the result might be a fatal sapremia before the local symptoms would warn us of the actual condition.

Now, most authorities tell us to first try intra-uterine irrigations of Thiersch solution, followed by normal saline solution. In this I am frank to say I do not agree but instead I use a 1 to 4000 bichlorid solution followed by the salt solution. I then pack the uterus full of 10 per cent. iodoform gauze. If the symptoms show improvement I allow this packing to remain 48 hours, when I remove it and repack another 48 hours, when I remove the packing, and put the patient on suitable tonics. But if this fails to subdue the symptoms in 24 hours, I curette, wash out the uterus with bichloride, pack as before, and open the cul-de-sac, for I take it for granted that the germs have by this time made their way through the lymphatics and attacked the adnexa and the curettement has only served to check the process within the uterus and we have done nothing to relieve the conditions of the surrounding organs and tissues that may later necessitate a dangerous operation.

I repeat it is our duty to open the cul-de-sac in cases where we curette for septic endometritis; this permits us to break up adhesions, separate parts that are matted together with lymph, and open the lymph space so

they may discharge into the dressing and receive the antiseptic in the form of free iodine, liberated by iodoform dressing, which should be used freely in the pelvic cavity made accessible by the opening. Proof of the necessity for this procedure is to be found in the amount of muddy bacteria-laden serum, which will escape during the first 24 hours, while if we should stop at the curettement we would leave our patient in a condition that would eventually lead to peritonitis, ovarian abscess or the so-called "pelvic cellulitis," which I am doubtful ever exists except in the stroma of the ovary. Other cases called pelvic cellulitis are lymphangitis, the process taking place in the lymphatic structures.

But with this treatment in full your patient will leave her bed without that feeling of weight and the consequent train of nervous disorders so frequently met with. The cul-de-sac operation is simple, easily performed and of no additional danger to the patient and of great value to the reputation of the attending physician..

To recapitulate: After a thorough curettement, pack the uterus with iodoform gauze; again sterilize the vagina, pull down the cervix and at the same time carry it forward; select the fold just behind the cervix, pick

it up with forceps and make an opening about one-half inch long through the mucous membrane only, then enter the cul-de-sac with the forefinger, keeping the nail of the finger posteriorly and pressing the front of the finger close to the uterus.

This permits you to explore the pelvic cavity, break up adhesions and when you withdraw the finger, there usually escapes a quantity of muddy-looking serum. All adhesions should be loosened. If in the exploration with the finger we find evidence of pus in the tubes they must be brought down and incised. After all this is done the opening should be enlarged to a level with the sides of the cervix with iodoform gauze, and then pack the vagina with the same material. About the third day the packing should be removed from the vagina and uterus and the vaginal packing renewed. The cul-de-sac dressing should be changed by the end of the first week and rechanged every four to seven days until the opening closes. Try it, gentlemen, it will repay you for your trouble.

For the technique of this operation I am indebted to a small volume written by Dr. Wm. R. Pryor, professor of Gynecology New York Polyclinic. The title is "Pelvic Inflammations."

CLIMATOLOGY OF CALIFORNIA.

NO. 1 OF A SERIES OF PAPERS BY C. G. STIVERS, M. D., LOS ANGELES, CAL., ASSISTANT
EDITOR SOUTHERN CALIFORNIA PRACTITIONER.

It will be necessary, first, in treating such a vast subject as the climatic conditions found in California, a region geographically as large as the entire Atlantic Coast States, embracing, as it does, 158,360 square miles, to speak of some points that the entire State possesses in common.

After this will come a description of separate climatic zones, paying attention in detail only, to that position known as Southern California, south of Point Conception and extending south to the Mexican line, a distance of about 200 miles.

PART I.

GENERAL CONSIDERATIONS, GEOGRAPHY, ETC.

The Pacific Ocean bathes the California coast for 800 miles between the parallels north latitude 32 and 42 degrees. The latitude of San Diego, the southernmost city, is the same as Charleston, S. C., while Memphis, Tenn., is not so far north as Los Angeles, the largest city in Southern California. The north line of the State is nearly on the same parallel as Boston, Mass. Notwithstanding these facts, California of the north has milder, warmer winters than either Memphis, Asheville or Charleston, and Southern California is blessed with climatic conditions which in winter make it possible to pluck roses, oranges and violets near the seacoast or in the foothills, and to enjoy the novelty and tonic brace of a snow-storm on its mountain summits at the same time. In point of time, these two latter features are distant only two or three hours apart.

The climate of California is characterized by mildness and uniformity, with very gradual changes into the different seasons. The seasons properly are only two, winter and summer, the former being that time between November 15 and April 15, when rain may fall all over the State. During the summer season, from May to November, rain is almost unknown, especially south of a line parallel with Point Conception, in Santa Barbara county. These statements, however true they may be in a general sense, apply with especial force to the valley and foothill regions in Southern California. The proximity of the Kuro-Siwa or Japan current, off the coast, tends to sway to its mildness and uniformity of temperature, the winter coldness and the summer heat.

The entire State is traversed by two mountain ranges—the Sierras, on the eastern border, and the Coast Range,

on the west and central portions. The Coast Range, in turn, has several minor divisions, running parallel with and distant from each other only a few miles, making many small sheltered valleys. In many places the Coast Range, which varies in height from 3000 to 6000 feet, is broken through by rivers, allowing the ocean breeze access to the interior valleys, thereby modifying them. The trend of mountain ranges makes

THREE DISTINCT CLIMATIC ZONES

1. The Sierra, or Rocky Mountain zone.

2. The great valley of the San Joaquin and Sacramento Rivers, between the Sierras on the East and the Coast Range on the West.

3. The Coast zone. This is between the Coast Range of mountains and the Pacific Ocean.

The climatic peculiarities of the three zones are as follows: 1. The Coast zone has dry, cool summers, with some night fog. This during the day floats up to the high ranges of the Coast mountains, giving a cooling and refreshing influence. The winter climate is almost uniformly frostless, and the rainfall varies from an average of 8 inches at San Diego to 16 inches in Los Angeles and Ventura counties. This occurs in the winter season.

North of Point Conception on the Coast zone, the summers are warmer and the winters colder than in Los Angeles and San Diego. However, in many of the northern valleys the palm, fig, and olive find a congenial home, but the certainty of frost prevents the success of citrus fruits. The rainfall is very much greater than in Southern California, being from 25 to 50 inches in localities north of San Francisco.

THE VALLEY ZONE

is roughly about 600 miles long, and from 50 to 80 miles wide. It is quite warm in summer, somewhat modified in localities where gaps in the Coast

Range allow the cool ocean fog to drift through. Rain falls in the summer rarely. The winters are colder than in the Coast zone, with abundant rain, especially at its northern end.

THE SIERRA ZONE.

This depends largely upon its elevation for climatic differences. Being the highest land in California, the mountain peaks are covered with heavy snowfalls for six months out of every year. This circumstance gives plenty of water for irrigating the loose lands of the Valley zone. It has a dry cold.

The entire California coast line is cooled by the trade wind or sea-breeze, which from May to November blows unfailingly from about 10 a. m. until sunset when the wind changes and blows back to the sea again. Hence, it follows that the summers, though possessing an average temperature of 78 degrees, and often reaching as high as 98 degrees in the shade, are cooled by the never-failing sea breeze, which

is several degrees colder than the atmosphere at a stationary point inland.

It is the great Japan current, cooled but not cold, that keeps the summer's heat bearable and prevents the winters from showing frost. It is the key to the equable climate of the Pacific Coast of North America. Back of the California coast-line in the great interior valleys is a region marked by great atmospheric dryness. This is explained by the fact that the prevailing winds are the regular off-shore winds, coming from the great American arid region of Arizona, New Mexico and western Texas.

In California are no thunder storms, no lightning, or cyclones. The slight shaking of the earth's crust does not deserve to be dignified by the term earthquake. The many old missions from 100 to 125 years old are proof of the fact that there have been no quakes of magnitude.

(To be continued.)

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DR. NORMAN BRIDGE, PROFESSOR OF MEDICINE IN RUSH MEDICAL COLLEGE, AND DR. GEO. L. COLE, PROFESSOR OF THERAPEUTICS IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, AND J. LEE HAGADORN, M.D.

PREVENTION OF CONSUMPTION.

—Under this heading the United States Marine Hospital Service publishes classified rules for the prevention of pulmonary tuberculosis as follows:

RULES FOR THE PATIENT.

Two facts should encourage the patient: One is that there is always an intrinsic tendency to recover in the earlier stages of the disease, and that, under modern treatment, a large percentage of cases do recover; the other is that there is no reason for any per-

son to think that he is doomed by heredity, no matter what his family history may be.

It should be impressed upon consumptive patients and other persons living with them that the sputum (what they cough up) is dangerous and must be properly disposed of. It must not become dry. There are several ways in which the sputum may be safely cared for.

1. Pressed paper spitcups, costing but little, are on the market. One or

several can be used daily, and, after it has been used, each cup, with cover and contents, can be burned.

2. Paper cups held in a metal frame may be used. After use, the cup and contents are burned.

3. Metal or porcelain spitcups or spittoons, each containing a small quantity of disinfecting solution 1, 2, or 3, may be used.

The final disposal of the sputum may be:

(a) By pouring it down the water closet.

(b) By cremation when practicable.

(1) In a small fire outdoors. (2) In the house heater, using a stout sheet iron box with a handle three feet long. Partly fill the box with sawdust, or fold a paper inside it; pour in the contents of the spitcup or cuspidor; with the direct draft of the heater open, invert the box over the firepot, holding the box in place a moment until the flame or the heat sterilizes it. When the sputum is to be cremated but a small quantity of disinfecting solution should be used in the spittoon.

(c) By setting the vessel aside, preferably in a warm place, so that the disinfectant may act eight or twelve hours longer. The quantity of disinfecting solution should be in excess of that of the sputum. Then bury or otherwise dispose of it so that flies and the domestic animals cannot reach it.

The patient should have two spitcups or spittoons for alternate use. A cover should exclude flies. Cleaning can be done with washing soda and boiling water, or soap and hot water.

4. Kopf's aluminum pocket spit-flask is very convenient, especially when the patient is away from home, is traveling, or is confined to his bed.

5. When away from his room, the patient may spit into Japanese paper napkins, to be put immediately into a rubber tobacco pouch until they can be burned.

6. Spitting into a handkerchief should be avoided. If occasionally forced to do this, handkerchiefs should be boiled before the sputum dries. Handkerchiefs upon which the sputum is allowed to dry surround the user with a halo of infection, infect the pocket and everything else they touch, and lessens the patient's chance of recovery. After coughing, the lips should not be wiped with the handkerchief used for the nose. The lips may be wiped with paper napkins, to be burned later.

Repress cough as much as possible. Cough gently, with the mouth closed as much as possible. Never swallow the sputum; by so doing you favor the extension of the disease to the intestinal tract.

Do not soil personal or bed clothing with the sputum nor the hands, when avoidable. Wash the hands often. Male patients who wear a mustache or beard should keep it closely clipped.

Do not infect the immediate surroundings of the home, nor sit upon the grass or hay or anywhere else where the sputum may be eaten by cattle, chickens or other animals.

RULES FOR ATTENDANTS.

The floors, woodwork and furniture of rooms in which consumptive patients stay should be wiped with a damp cloth, not dusted nor swept in the dry way.

Clothing may be disinfected by boiling, as in ordinary laundry processes. Rooms may be disinfected with formaldehyd fumigation—large doses—supplemented with the washing of the floor with solution 7. This should be done every few weeks when practicable, while the rooms are occupied by the patient. If the floor or other services are accidentally soiled with sputum, the spots should be wet and rubbed thoroughly with solutions 7, 1, 2 or 3.

Rooms for consumptives should have

no fixed carpets. A few rugs may replace them. They should frequently be carried into the open air and exposed to the action of direct sunshine several hours at a time. For the thorough disinfection of them, steam is the best. The tableware of the patient, the knife, fork, cup and spoons particularly, should be kept separate and washed by themselves in scalding water.

In addition to the dangers from infectious dust, if it is allowed to be diffused through the air, there are other possible ways of communicating the infection. It may be carried directly to the mouth by the fingers, or indirectly by handling articles of food. After soiling the hands, cleanse them carefully. Guard against inoculating cuts or abrasions of the hands with sputum.

RULES FOR EVERYBODY

1. Anything tending to lower the tone of the general health may act as a predisposing cause—insufficient nutriment, overwork, loss of sleep, worry, close and dusty air. Avoid these. Give sleeping rooms a prolonged airing and sunning by day, and as much night ventilation as is practicable. The dwelling house should be dry naturally or made so artificially. If it is thought that there is a family predisposition to consumption, an outdoor occupation should be chosen. Live in the open air and sunshine as much as possible.

2. Every new case of tuberculosis comes from some earlier case. The germs of this disease retain their vitality and their infectivity a long time under favoring conditions. Therefore do not bring into your house clothing formerly used by consumptives, unless it has been thoroughly disinfected; do not move into an infected house or rooms until the thoroughness of the disinfection is unquestionable; do not put to your mouth pipes, wind instruments, money or anything else that has

been used or handled by consumptives; do not buy bread, milk or any other articles of food, not to be cooked, from consumptives; kissing, particularly lip to lip, is unsafe if one party to the act is tuberculous; thorough cooking for meat, or a temperature somewhat below the boiling point, 176 F., for ten minutes for milk, will render these safe articles of food.

By observing the rules which are expressed and suggested in the foregoing, the principal, if not all, danger of infection may be avoided.

The open air treatment of consumptives and those threatened with tuberculous disease has given much better results than any other. Particularly in Germany, and to some extent in this country, such treatment has been systematized in "sanitaria" for consumptives. Here the patients have the advantage of a life under medical regulation, nutritious food, and such exercise or rest as each case requires; but the chief curative agent is an abundance of fresh air. Even in cold winter weather patients, after a period of gradual habitation, and always guided by the judgment of the physician, pass almost the whole day in the open air, walking or sitting, or lying on resting places comfortably wrapped in blankets and furs. The results obtained in these institutions have been very successful, even in those with climatic conditions less favorable than those of many parts of Maine. An abundance of pure air is the all important thing.

Solution 1:

Carbolic acid (pure liquidified) . . . 7 ounces
Water 1 gallon

Mix. This is approximately a 5 per cent. solution. For the disinfection of clothing this solution, mixed half and half with water, will do.

Solution 7:

Solution of formaldehyd (formalin) 6 ounces
Water 1 gallon

Mix. This mixture contains a little less than 2 per cent. of formaldehyd.

It is a good plan to dissolve four or five tablespoonfuls of common salt in each quart of solution 1 or solution 2, thereby increasing considerably the disinfecting power of the solution.

TREATMENT OF WHOOPING COUGH.—Godshaw (Medical Progress, August, 1899) laments the fact that notwithstanding persistent study and experimentation, we do not possess any reliable means for cutting short an attack of whooping cough. The best treatment will do no more than palliate symptoms and diminish the frequency and severity of the paroxysms of coughing. This, however, is very beneficial and frequently essential, especially during the night. A opiate, when carefully selected, will yield the desired results without doing harm, probably better than any other drug. Papine is the best, and should be given in doses of five to ten drops to an infant one year old. Older patients will require proportionately larger doses. The object should always be to lessen coughing that the child may be able to sleep, and not to produce

sleep. Some physicians rely chiefly upon antispasmodics—belladonna, bromides, asafetida, etc., but these frequently fail. The inhalation treatment has not proven as satisfactory as was at first hoped. The inhalation of steam is valuable to facilitate expectoration. Careful nursing to avoid complications, and the judicious use of Papine will do much to lengthen the interval between fits of coughing even during the daytime and thus husband the little patient's strength.—Medical News.

A HOME REMEDY FOR CHRONIC CONSTIPATION IN INFANTS got the scientific sanction by Doerfler (Munich Med. Wochenschrift). He found that in infants over one month the addition of one-half to one teaspoonful of fresh butter given every morning and evening till a normal stool is secured will be very often sufficient. After bowel movement comes regularly and consisting of not hardened feces, the double dose should only be given every second day and further the amount gradually increased as the child grows older and the necessity requires.

DEPARTMENT OF SURGERY.

BY DR. GEO. W. LASHER, PROFESSOR OF SURGERY, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

A NEW REMEDY IN URETHRITIS.—By Ramon Guiteras, M. D., Professor of Genito-Urinary Surgery in the Post-Graduate Medical College of New York. Lecturer on Genito-Urinary Surgery in the University of the City of New York.—The author states that he has thoroughly tried Mercurochrome in his clinic, and from his experience has drawn certain conclusions which he presents in this paper. After prescribing the chemical nature of mercurochrome he states that he found the weaker solutions were at first irritat-

ing. He finally concluded that the average strength best borne by the patient is ten grains to the ounce, or approximately two per cent. After having reached this conclusion he had the histories of 100 cases recorded, in 33 of which an examination for the gonococcus was made, revealing its presence in 30 cases. In the remaining 67 cases a clinical diagnosis was depended upon, since the writer considers the experienced eye competent to recognize the disease. In one extremely interesting case no gonococcus

could be found in the urethral discharge, although gonococci were present in that of some venereal ulcers on the glans.

In these cases a 2 per cent. solution of mercuriol was ordered, which the patients were directed to inject three times a day, after micturition; the injection to be held within the urethra for five minutes at each operation. The clinical reports of the cases show that frequently in two days after beginning the use of mercuriol, gonococci could no longer be found in the discharge.

The author discusses at some length the value of the term "practically cured," and sums up his argument by saying that to draw conclusions of value we should consider only cases that have been under treatment for three or more weeks, omitting those making but a few visits. On this basis he eliminates all but 65 cases from his report and tabulates these as follows:

Ten cases were cured in four weeks, or 15 per cent.; fifteen cases were cured in six weeks, or 23 per cent.; twenty cases were practically cured, as there was no discharge, though there were some shreds in the urine at the end of from four to eight weeks, 30 per cent.

One of the most valuable observations that the writer has made is the fact that only two cases suffered from complications, one having developed gonorrheal rheumatism and the other epididymitis. This fact in itself would tend to argue much in favor of the use of mercuriol, for where is there any other solution or mixture which does not show a greater percentage of complications? When we consider that many writers claim that epididymitis occurs in 20 per cent. of all cases of urethritis, the rate of 1 per cent. reported in this series of cases argues much in favor of mercuriol as a harmless, yet efficient, injection.

Another interesting feature is that in only one of the 100 cases was there any marked posterior urethritis. Therefore it would seem that mercuriol quickly destroys the gonococcus, lessens the severity of inflammation, and tends to prevent the development of complications. From a comparative study of the different methods of treating gonorrhea, the author concludes that treatment with mercuriol is an advance beyond the older methods with balsamics and astringent injections.

TRAINED NURSE MAIDS.—The "babies' hospital" of New York city ten years ago inaugurated an experiment in the training of nurses in the care of infants and young children. This has resulted so successfully that a number of institutions in various other parts of the country have adopted the plan. A description of the experiment is given in Harper's Bazaar.

Twenty-four nurses a year are trained. The term of training is six months. Applicants receive \$5 a month for the first five months, and \$12 for the last month, with board and washing. The course of instruction is very simple and entirely practical:

1. Infant-feeding. The care of milk, milk sterilization, care of bottles, preparation of commonly employed infant foods, the general principles of infant-feeding, with rules as to quantity and frequency.

2. Bathing. The daily bath, the use of hot, cold, and mustard baths.

3. The hygiene of the skin.

4. Care of the mouth, eyes, and ears.

5. Nursery hygiene. Ventilation, temperature, cleanliness, etc.

6. The training of children in proper bodily habits.

7. Miscellaneous. The use of the clinical thermometer, the making of poultices and oil-skin jackets, the giving of enemata.

8. Simple means of treatment in nursery emergencies.

9. The rudiments of kindergarten work.

No special medical or physiological instruction is given, it being the opinion that such studies would unfit the nurse for the work she is to do. There is a model nursery, in which each candidate serves for two weeks before graduation, having the exclusive charge of one infant. The room is fitted up, and the work in it carried on, precisely as in a private family. It is stated that eighty-five per cent. of those trained in this school are still following the work for which they were trained. Graduates receive at least \$25 a month after a year's experience, and some as much as \$35 and \$40 a month, while the relief to parents who have had experience with the average nursery maid must rully compensate for the extra expense.

WOMEN LONGER-LIVED THAN MEN.—An English weekly magazine says that statistics show that women live longer than men. For instance, in Germany, only 413 out of 1000 males reach the age of fifty years, while more than 500 out of 1000 females reach that age. In the United States there are 2583 female to 1398 male centenarians. In France, of 10 centarians 7 are women and only 3 men. In the rest of Europe, of 21 centarians 16 are women.

PREPARING CAT GUT AND SILK-WORM GUT.

In answer to one of our correspondents asking for the best method of preparing catgut and silkworm gut, we here give the method as used by the editors of this journal. Whatever sutures we wish to use we prepare them in the length we use them. We use eighteen inches for sutures and ligatures, and we wind them in skeins, not on spools, having a cotton or linen

tag attached to them; that is, one, two, three, or four tails, according to the number of the thread. We like to have skeins containing one or two pieces by themselves. We advise this, so that when one or two only are used that is all that is handled. We believe thoroughly in heat and not in chemicals in sterilizing our ligatures. For wire, horsehair, silkworm gut, silk and flax thread, we boil for one-half hour in a solution of one-half teaspoonful of common baking soda to a quart of water; then material is ready for use. If we wish to store it we place it in a five per cent. carbolic acid solution. To prepare catgut we place it in ether for about twenty-four hours to remove the grease, then we remove it and place it in absolute alcohol and subject it to boiling for at least two hours. The cover must be kept on a little loose while boiling. After it cools off then the cover must be set firmly and the ligatures are ready for use. We like a bottle for each number. This causes little handling and prevents material from becoming infected.—The National Hospital and Sanitarium Record.

ANGIOTRYPHY.—Ratchinsky (Revue de Gyn. et de Chir. Abdom.; Centralblatt für Gynakologie, 1900, No. 17), from experiments on animals, finds that while the lumen of the compressed vessel is occluded, the adhesion of the intima is not invariable, while the tunica externa has a tendency to return to its former condition, thus allowing subsequent hemorrhage. He concludes that while complete hemostasis is possible with the use of the angiotribe, in some cases it is only temporary. In vaginal hysterectomy secondary hemorrhage is not infrequent, and may even necessitate abdominal section. Further experience with the instrument is necessary. The use of the heavier models is attended with considerable danger.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALI-
FORNIA, AND ROSE TALBOTT BULLARD, M.D.

IMMEDIATE REPAIR OF CERVIX.

—The New York Obstetrical Society has published its "Transactions for the Year 1898-9." Many interesting subjects have been discussed, and amongst them the question of "Immediate Repair of the Cervix." On this question Dr. Thomas says: "The attempts which I have made towards repairing the cervix immediately after labor have taught me that it is extremely difficult to do. In support of this opinion I was rather pleased, not long ago, in looking over a work in gynecology by a member of this society, to see the statement made that, from a gynecological point of view, the procedure was not advised, on account of the difficulty in bringing the parts into proper apposition, owing to their extreme distortion at this time." This we believe to be correct. Our own practice is not to examine the cervix immediately after labor unless called upon to do so by hemorrhage, hemorrhage also being the only indication for immediate repair.—Canadian Practitioner.

CALCIUM CARBIDE FOR INOPERABLE CANCER OF THE UTERUS —TECHNIQUE. —Grusdew (Munch. Med. Woch., June 12, 1900) outlines his method of using the carbide, which does not materially differ from that advocated by Guinard, Livet and others.

The patient is placed in the lithotomy posture, external genitals and vagina disinfected, the cervix exposed with Simon's valve or Cusco's speculum, the vaginal and cervical surfaces, especially the tumor, are dried with absorbant cotton, and one or two fragments of calcium carbide, of about the

size of a hazelnut, carried by means of dry forceps against the ulcerated surface. These fragments are held in place with a pad of sterilized clay and a cotton tamponade loose enough to permit of undisturbed micturition. This absorbent tamponade is to be conducted so as to prevent untoward cauterization of the vagina with unslaked lime resulting from decomposition of the carbide of calcium. From two to three days later Grusdew removes the tampon, and either repeats the cauterization once or advises the patient to report again on the reappearance of hemorrhage, fetid discharge, etc. He has also noted good results from insufflations of powdered calcium carbide upon ulcerated cancers of the womb (previously treated with fragments of the same), and also in some cases of benign ulcerations of the cervix.

The frequent association of lupus erythematosus and tuberculosis, together with the occasional outbreak of the former disease as a generalized eruption with severe constitutional symptoms, favors the view of those who connect the two processes by means of the toxin of the bacilli. The characteristic atrophy of the connective tissue may be brought about by the necrotizing principle of the germs, which Dr. de Schweintz has shown to be a crystalline substance that is intensively active in minute quantities.

Should it ever be possible to prove this hypothesis, which has a certain amount of clinical evidence to support it, a satisfactory explanation would be afforded of these rapidly fatal cases of the disease which have been described by Kaposi, Hardaway, Besnier, and others.

ORGANO-THERAPY.—In regard to the organo-therapy, the following conclusions are deducible:

(1) That thyroid extract is one of our most reliable vaso-constrictors, and as far as its gynecological application is concerned, should be limited to hemorrhages, and those especially in which the epithelial elements of the endometrium are concerned.

(2) Mammary extract controls the hemorrhages from fibromas, reduces the size of the tumors, and, in some cases, causes their disappearance, and should be preferred to the thyroid extract, which does the same thing, in treating fibromas.

(3) Parotid extract is the best remedy yet brought out in the treatment of dysmenorrhea, relieving as it does the aches and pains of ovaritis and improving nutrition. Pelvic exudates soften and are often absorbed. Menstruation becomes regular and less in amount when excessive and shorter in duration. The headaches and nervousness so often accompanying these cases are, as a rule, cured, health and spirits revive, and, indeed, its action here can be dominated nothing less than specific.

(4) Ovarian extract is indicated in all cases of menopausal nervous symptoms, or when for any reason it is desirable to increase the flow from the uterus. It is now known almost beyond doubt that the ovary has, besides its function of ovulation, another almost as important, that of internal secretion,

and that, like the thyroid, it secretes an active oxidizing agent, spermin, that aids in the metabolism of the blood. Marked decrease in the elimination of phosphates has been observed after ovariectomy. I have taken this as a hint and administered ovarian extract to all cases of ovarian disease presenting constantly this symptom, and I have yet to be disappointed in the results.

It would seem then that parotid extract is our best ovarian sedative, and ovarian extract our best ovarian stimulant. At the solicitation of Dr. E. Pierre Mallett and myself, Dr. Howard Kelly, of Baltimore, is now giving parotid extract a trial in his clinic in cases of obstinate dysmenorrhea, those severe cases unrelieved by curettage, in which ovariectomy seems the only relief. He is already using ovarian feeding, and with good results, for the nervous symptoms of cases following ovariectomy. When this brilliant genius has reached his conclusions after due trial, we may expect, I hope, still farther proof of the value of this agent.

It is conceivable that, as we learn more and more of nature's apothecaries, as Kelly dominates these glands, and the different physiological effects of each as studied alone and in combination, and the more exact therapeutic application deduced, we will be able to cure in this way many more of the diseases of women now considered incurable or necessarily the subject of excessive surgery.—N. Y. Medical Journal.

DEPARTMENT OF GASTRO-INTESTINAL DISEASES.

BY L. G. VISSCHER, M.D., LOS ANGELES, CAL.

ULCER OF THE STOMACH TREATED BY LAVAGE WITH CHLORIDE OF IRON.—This very latest mode of treating a stomach ulcer has been practiced on 88 cases by Prof. L. Bourget (Lausanne), and from his original publication in the *Therapeutic Monatshefte*, June and July, 1900, the fol-

lowing abstract is translated, containing more especially the essentials of the treatment. This article is further interesting in a high degree by the many important features concerning diagnosis of ulcer and physiology of digestion. The ideal treatment of ulcerus ventriculi would be absolute rest,

secretory and dynamic, to the endangered organ. The impossibility of this desideratum is already shown by the permanent secretion under the influence of the irritating ulcer, and by the temporary stomach-contractions. Bourget treats his patients ambulatory, and is satisfied with rest on the couch and restriction of moving around. Immediately after admittance of an ulcer patient to his hospital, independent of any recent hemorrhage, the patient is made to swallow the stomach-tube, the expressed contents are examined, and, in order to calculate the absolute amount of acid (a very essential point for the alkaline treatment) the organ is washed with 100 c. c. of water. After this, with the tube still in position, the curative washing, with a solution of chloride of iron (Fe_2Cl_6) 2 per cent. Combined with chlorate of potassium $\frac{1}{2}$ per cent., follows in this way: From 100 to 150 c. c. is allowed to flow in, and will be given back by the stomach, with the help of expression, to the last c. c. This is repeated until 1000 c. c. are used. From 50 to 60 c. c. is then left in the stomach. The patient now lies down and assumes a position according to the diagnosis of localization of the ulcer. (In his introductory remarks Bourget mentions as a valuable sign that the nearer the ulcer to the pylorus the higher the relative and absolute figures for HCl are found.) Five minutes are given to the astringent fluid to exercise its influence upon the ulcerating surface, and then a glass of bicarbonate of sodium solution, 2 per cent., is given to precipitate the iron salt. This has to be continued for five days at least, and even repeated when hemorrhage might set in. Generally, hemorrhage is immediately checked and the pain disappears in from 24 to 48 hours. As is well known, the real obstacle to the healing of the ulcer, once developed, is the considerable hyper-acidity, and all of Bourget's measures are directed against

this cause. The iron chloride is healing and astringent, and at the same time it checks the HCl secretion. Still we cannot help giving bicarbonate of sodium, to neutralize the abundance of free acid. In order to do this completely, estimation of the absolute HCl value has to be made from time to time, and on the other hand, not too large doses shall be given, as the free CO_2 stimulates the HCl secretion. Bourget gives it in warm 3 per cent. solution, two or three times after each meal. Rectal alimentation is not to be recommended—first, on account of its problematical value, and, second, while bouillon, peptone, sugar, wine and salt given per rectum cause very soon a decided HCl secretion in the stomach. To leave the stomach empty would even be an insufficient measure to keep the HCl away, as it is known that the ulcerated stomach contains free HCl in the fasting condition, enough acid to prevent the healing of the ulcer. He bases a rational diet on three principles: 1st. The nourishment shall not irritate the gastric mucosa; 2d. The nourishment shall have no tendency to fermentation; 3. It shall stay as shortly as possible in the stomach. Until today milk seemed to answer best these requirements. Bourget now demonstrates by clinical comparative examinations that milk blunts the free acid only in the beginning, especially by the way of dilution. There is not enough albumen to combine with the free HCl and further milk is a decided physiological stimulus to the gastric secretion. He uses a rice-milk-soup of different consistencies. Numerous cases illustrated the fact that with this initial diet the acidity does not reach half as high as with milk alone. In the beginning it is given without sugar or salt; later, when the healing goes on, as shown by the decrease of pain by pressure, these articles are allowed to the taste of the patient. Bourget claims for his treat-

ment with chloride of iron washings, many advantages over other astringents, as nitrate of silver and bismuth salts. And especially does he maintain that his patients are cured quicker. He calls the simple peptic ulcer one of the diseases which can be cured in the shortest time. His patients were allowed to take a mixed diet in two weeks, provided that the alkaline treat-

ment, as mentioned above, be continued. Further clinical experience has to decide the value of this method. The possibility of hemorrhage following the introduction of the tube (Bourget does not fear the tube as a cause, neither for hemorrhage nor for perforation), will urge upon his followers a selection of suitable cases and a skillful handling of the stomach tube.

THE LODGE DOCTOR.*

BY F. D. BULLARD, M. D., LOS ANGELES, CAL.

When the thrifty-minded grocer
Mixes with his sugar sand;
When the money-chasing merchant
Fixes up a shoddy brand;
When the dollar-loving druggist
Palms his own concoction off—
If they, slyly, seek to smother
Qualms of conscience with a cough,
One excuse they're sure to offer,
Tho' a cheap and shop-worn cry:
"Since the other fellow does it,
To keep even, so must I."

When the weaver interlaces
Strands of cotton in the silk;
When the farmer intermingles
Handy water in the milk;
When the sly and tricky jockey
Sells a man a balky horse—
If, perchance, from guilty conscience,
Wells up in his heart remorse,
He will lull the new born feeling
Fast asleep and softly sigh:
"Since the other fellow does it,
To keep even, so must I."

When the steerer shows a sucker
Where to play a quiet game;
When he cheats at playing poker
Till the jay forgets his name;
When the barman ladles whisky
To the poor, besotted fools;
When the landlord rents his houses
To impure and vice-soaked tools—
If the people raise objections,
This lame answer bears the brunt:
"But the other fellow'll do it
Just the same, sirs, if I don't."

Now the poor lodge-ridden doctor
Pleads the same old weak excuse,
Tho' he knows that contract practice
Leads to more and more abuse;
For it steals his colleagues' patients,
Makes himself to be a sneak;
On his back it puts this label:
"Taken for two cents a week!"
So, whene'er he makes a visit
To a brother of the lodge,
He must stultify his conscience
With the "other fellow" dodge.

If to this you raise objection,
He will peep the old reply:
"Since the other fellow does it,
To keep even, so must I."
Or, perchance, the answer varies;
He'll exclaim, in accents blunt:
"But the other fellow'll do it
Just the same, sir, if I don't."
So I'll quaff to his confusion;
I will drink a proper toast—
(Tho' perhaps such bad reflections
You may think were but a roast.)

Here's to that foolish M. D.,
Who would for a dollar agree
To doctor a lodge
For a livelong year,
And never to dodge
Tho' the work be severe;
May ever he scamper
His patients to pamper
At all hours of the day and the night;
For hives and for phthisic
May he ever give physic
To people who call him for spite!

*Read at banquet of Southern California Medical Society, May, 3, 1900.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

UNLICENSED "DOCTORS."

There are probably few places in the world where quackery of all sorts has been thrust upon the public to such a degree as in Los Angeles during the past fifteen or twenty years. There are some reasons why this beautiful country offers better opportunities than other places to the unscrupulously inclined in medicine. The principal one is that many incurables seek Southern California, trusting that climate can do for them what physicians elsewhere have failed to do; failing to find the relief they expected, they are willing to grasp at anything, do anything, pay any price within their means, to anyone who is willing to promise them a cure. Another feature is the fact that the increase of pop-

ulation is so rapid that no matter how many old residents have learned the ways of the unreliable man, there are ever new arrivals to be "taken in." In times past the medical profession of Los Angeles has made some brief attempts to see that the laws governing the practice of medicine are complied with; but little or nothing has been accomplished, because of the sporadic efforts made.

In the early part of the present season this subject was brought before the Los Angeles County Medical Association and considered carefully. There were arguments pro and con, but, after careful consideration, the society concluded it worth while to make an effort that should not be for the passing moment, but which should be

taken up systematically and continued indefinitely.

A representative of the District Attorney's office came before the society, upon request of several members, and expressed willingness to do what lay in the power of that office to aid the profession along these lines. In fact, so many complaints had come to the District Attorney's office that they seemed glad of an opportunity to do something to rid the city of the many objectionable characters that are trying to practice here without a license.

A committee was appointed by the Medical Society, which, after considering the matter, very wisely concluded to take the matter up, allowing others (than members of the society), to contribute to a fund which would enable them to do good work. The work thus far has not been in vain. The committee has proceeded quietly, without any ostentation, and at a pace that can probably be continued indefinitely. During the brief period it has been working a number of arrests have been made, and a number of guilty parties have paid fines, no one of which has been less than \$100. Several other arrests have been made and are now in way of prosecution, and in one instance, where the so-called "doctor" was fined \$200 (and paid the fine), but continued to practice, evidence was secured and he again arrested, and is to appear for trial in the Superior Court.

In short, everything thus far seems very encouraging, and the committee feels that by continuing this work from month to month, and if neces-

sary from year to year, it will not only serve to rid us of many unprincipled persons, but it will have a far-reaching influence which will prevent this class of men and women from taking up their "practice" in this community. Those arrested thus far have not been confined to any sex or nationality, but include male and female. Americans, Mexicans and Chinese. It will thus be seen that the medical profession of Los Angeles has no desire to work hardships upon any particular class or upon any well qualified and legally licensed man or woman who desires to practice medicine, but simply wishes to do its part toward upholding law and justice. In this it is entitled to (and feels that it already has) the best wishes of all law-abiding citizens.

C

OUR FIVE IMMORTALS.

Within the brief space of a few weeks, five of our greatest medical men have passed away.

First came Dr. Skene of Brooklyn, who died suddenly of angina pectoris, at the age of 62 years.

Then passed away Dr. Jacob M. Da Costa, who died of heart disease September 11th, at the age of 67 years. He was a graduate of the Jefferson Medical College, where afterwards, for so many years, he filled with great honor the position of professor of the theory and practice of medicine.

Then the next was that brilliant Southron, Dr. Hunter McGuire, whose death occurred at Richmond, Virginia, September 18th, when 65 years of age. He was President of the American Medical Association in 1892.

The fourth was Dr. Lewis A. Sayre, the father of Orthopedic surgery, who died at his home in New York City, after a long illness, September 21st, at the age of 80. All of the alumni of the Bellevue Medical College remember him with great veneration, as their professor of surgery. He was President of the American Medical Association in 1880.

The fifth great leader was Dr. Alfred Stille, whose death occurred September 24th, at the age of 87 years. He was, like all the others, author of noted medical works, and he was also, in 1871, President of the American Medical Association.

To have five men of such distinguished ability taken from us in such a short time is indeed an irreparable loss. L.

THE THERAPEUTICS OF BUTTER.

Butter has long been used as a staple article of diet, but its value as a remedy and prophylactic has only recently been appreciated. It is an excellent laxative—eaten liberally it keeps the bowels moving regularly and eliminates the necessity of the matutinal salts or the post-prandial pill. We well remember how children were formerly warned against eating too much butter, but today we realize that butter can rarely be used too liberally. For infants it is an ideal laxative, taken in liquid form, a teaspoonful at a time. In families where there is a tuberculous tendency butter should be depended upon as the great preventive. Even in tuberculosis itself, we believe it is more necessary than any other article of diet excepting milk.

Let it be used liberally on toast, potatoes or rice. Some people like their butter well salted, some prefer that it be not salted at all. Follow the individual's taste in this point, but see that the butter is of the very best. Increase the butter bill and reduce the drug bill should be the motto in every household. L.

MURDER OF INNOCENTS.

The time is come for all honest physicians to speak plainly and openly to the men and women of America, and show them the criminal nature of their sufferance of the abortionist.

The subject demands the utmost frankness, and the crusade must be begun, a crusade that shall result in the uprooting of the old idea that abortion is not murder "before quickening!"

To this the answer is: How can there be growth without life, and how can the helpless inmate of the mother's womb be removed untimely, without destroying that life?

The laws of Scotland and England do not regard killing the child in the womb as murder, although such would be the crime in the case of the mother, should she die under treatment.

According to the Revised Statutes of the United States, 3893, abortion is a felony punishable by fine and imprisonment.

No physician, however ignorant of law he may be, can for a moment deny that it is pure, selfish sophistry to assert that abortion is not murder.

Do not lower yourself to the level of the felon by associating, counselling, or meeting on the grounds of friend-

ship, any member of the medical profession who so far forgets himself as to commit murder of innocent, helpless, unborn children. Educate the ignorant and careless women to whom you, with such unlimited opportunity for doing good, may show the real nature and enormity of this crime.

S.

THE DOCTOR'S LAST WILL AND TESTAMENT.

The physicians of Southern California are, as a rule, excellent business men. From reading and observation we find that they are unusually so. This being the case, we have no doubt but what every physician who reads this journal has made his last will and testament and put it in the hands of his trusted attorney. This is the plan that every doctor should pursue during times of good health, so that his mind will be clear and cool, in order that he may put his best judgment in this important and far-reaching document. He should also, in talking to the heads of the various families to which he is professionally called, urge this plan of always having a will prepared. Our object in writing these lines is to call attention to the will of the late Dr. Da Costa, where he leaves liberal sums to various hospitals and colleges. We can all do something in this line without any injury to our families. Our medical libraries, for instance, can be left, or at least portions of them, to our local medical college, and thus aid in building up something in our community which will be a credit to us all and

a great advantage to the young men and women who will study here. We also, most of us, have books or instruments that we could leave to one of our hospitals that would be of great assistance there. Another nice thing to do would be to leave a small sum of money to permanently equip a surgical operating room, either in connection with the dispensary of our medical college or in connection with one of our public or private hospitals. Another thing would be to liberally endow a bed for a child in a public or private hospital, while still another great opportunity for doing good would be to build a nurses' home, where all graduate nurses could have good, permanent accommodations at a very low figure. These are all worthy causes to encourage, but we would especially recommend each physician to at least add a line to his will leaving a few books to the library of our medical college.

L.

THE PACIFIC MEDICAL ASSOCIATION.

We have received from Dr. W. F. McNutt, of San Francisco, a call signed by himself and doctors Henry Gibbons, Jr., C. G. Kenyon, W. F. Southard, C. F. Buckley, M. Gardner, J. W. Robertson, T. W. Huntington, W. Fitch Cheney, C. C. Wadsworth, Samuel O. L. Potter, L. A. Kengla, J. F. McCone and C. N. Ellinwood, for a meeting in San Francisco, in August, 1901, to organize the Pacific Medical Association. There will be papers by a number of the leading practitioners on the Coast, from Alaska to San Diego. We believe there is room for such an organization; then we will have our Pacific

Association, our State Association, our district associations and our county associations. This new organization will complete the circle. We heartily wish the movement every success.

The success of this new movement may put more red blood into our State association; still, we believe that this is rather an unfortunate simile, because, if we remember right, there has been too much red blood at some of their meetings. The State society has a great work before it and we hope that it will get on a broad foundation and work in harmony with all of these contemporary organizations.

THE REDLANDS SANATORIUM FOR CONSUMPTIVES.

Mr. Hugh Todd, a Los Angeles architect, is sending out pamphlets all over the United States to induce people to subscribe for stock and to make donations to a prospective company which he proposes shall start a prospective sanatorium for pulmonary cases at Redlands. He proposes to spend, according to figures, about \$108,000. This is rather a novel way to start a sanatorium, or any other enterprise, that is, for the architect to decide on something that he wants to build and then get people to make donations so that he can get the job.

The people of Redlands will make a great mistake if they encourage the centralization of consumptives in the vicinity of their beautiful city. Already the reputation of Redlands is being injured by the report that it is being crowded with the tuberculous. The mountains and the desert furnish the ideal from all points of view for

people with incipient pulmonary disease, and the patient's home is the place when the disease is well developed.

L.

PASADENA PHYSICIAN DIES.

Dr. J. S. Hodge died at his Pasadena home on Monday, October 22, 1900. He was at one time President of the Southern California Homeopathic Medical Society.

In 1894 he started the first hospital in Pasadena, out of which has grown the present city hospital. He was a man universally beloved by his patients and friends, and admired and respected by his medical brethren, who mourn his loss.

Being a man of advanced ideas, he elected to be cremated.

He was only 52 years old when he died, but he had attained an eminence in his profession reached by few.

S.

IN CUPID'S REALM.

Dr. H. C. Stinchfield and Miss Lottie M. Brown were married in Yuma last month at the residence of Dr. Yamen. Judge Thurlow officiated. The bride was gowned in a travelling costume and she carried orange blossoms from California. Mmes. Stinchfield and Brown, with a number of friends, were present. After the ceremony the happy couple departed for Fortuna, at which place Dr. Stinchfield is the physician. They received a warm welcome by the miners of that place. Both parties are well known in Los Angeles, Dr. Stinchfield having been at the county hospital the past year, and Miss Brown as nurse at the same place. The wedding was a surprise to many of their friends.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this office.

Original articles, and reports should be written on one side of the paper only.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE SOUTHERN CALIFORNIA PRACTITIONER, should be addressed "To the Business Manager."

We cannot undertake to return MSS. not used.

EDITORIAL NOTES.

Medical practices bought, sold and exchanged. Address Business Manager, 1414 So. Hope street, Los Angeles, Cal.

The Practitioner for October, November and December, 1900, will be sent free to any new subscriber for 1901, who will order before Dec. 1st.

In the September issue it was stated that "Ozotone" contained nux vomica. It contains strychnia nitrate, 1-60 gr. to each teaspoonful.

SOUTHERN CALIFORNIA MEDICAL SOCIETY meet in regular session in Los Angeles Dec. 5 and 6, 1900. Be sure to attend.

Dr. Joseph M. King, of Los Angeles, and Miss Maud Turner, daughter of Dr. J. S. Turner, of this city, were married on October 4, 1900. The doctor and his charming bride have our best wishes for future happiness.

Dr. Samuel O. L. Potter has resigned from the Board of Trustees and from the Chair of Theory and Practice of Medicine and Clinical Medicine in the College of Physicians and Surgeons of San Francisco, and has severed his

connection with that institution, of which he was one of the incorporators.

The Southern Surgical and Gynecological Association will hold their thirteenth annual meeting in Atlanta, Georgia, the 13th, 14th and 15th of this month. Dr. A. M. Cartledge is President and Dr. C. B. Davis, Secretary. The preliminary announcement shows a very profitable program.

The "Hotel Gazette," of Los Angeles, in a recent issue says:

"Plans have been drawn and the contract let for the new pleasure hotel to be erected in Strawberry Valley, and work will be commenced on the same within the next thirty days. All the modern conveniences that go to make up the complete hotel are provided for and the structure is planned upon a very liberal scale as to the size of rooms, halls, etc. The cost of the house will be about \$19,000."

We are glad to notice the arrival in Los Angeles of Dr. Walter Jarvis Barlow, who has been for the last 18 months in Berlin, devoting himself to the special study of internal medicine. During last winter Dr. Barlow and his family spent the most inclement months in Italy and the south of France, but the remainder of the time has been spent in the great German capital. Last June, in the city of Berlin, a fine boy was added to the family, but like true Americans, the doctor and Mrs. Barlow waited until they arrived in New York to have him christened. At the old home of Dr. Barlow's father the boy was baptized as

Walter Jarvis Barlow, Jr. Dr. Barlow's residence for the present will be at the Van Nuys. In behalf of the medical profession we extend to the doctor and his family a hearty welcome.

L.

WANTED.

Hustling solicitors to get subscribers for the Southern California Practitioner. Medical students in college towns have here an opportunity to help pay for their course. Big commissions; exclusive territory.

FOR SALE. \$2,000,

A very unusual opportunity for a physician wishing to engage in an office practice in this city. Owner has other business and wishes to retire. No bonus required. Personal property worth more than price asked. A fine business. Address Exchange Editor, this office.

MEETING OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

The meeting which has just closed in Louisville was one of the most successful in the history of the association.

The attendance was large, the papers good, and the discussions very good. This is pre-eminently a working body of men. They are making medical history, and their volumes are among the best literature of the profession.

The president of the society, Dr. Rufus B. Hall, of Cincinnati, presided with grace and dignity.

For the ensuing year Dr. W. E. B. Davis was made president; Dr. Edwin

Walker, of Evansville, first vice-president; second vice-president, Dr. A. Goldspohn, of Chicago.

Cleveland, Ohio, was selected as the next place of meeting.—From Hot Springs Medical Journal.

TRUE AMERICAN SPIRIT.

The following letter from one of our leading drug houses tells of their recent loss by fire and their determination to meet the emergency. They have the sympathy and support of all members of the profession:

New York, Nov. 1, 1900.

Editors "Southern California Practitioner,"—Gentlemen: Our building was totally destroyed by fire last Monday afternoon, and we are at a loss to know if our contract has or is about expired. Continue along our ad. With true American spirit we will be on our feet in about ten days. The market is supplied with Gude's Pepto-Mangan. In that respect there will be no interference with business.

Respectfully yours,

M. J. BREITENBACH CO.

PASADENA PHYSICIAN PASSES.

Dr. Nathan Dalrymple died very suddenly at his Pasadena home, on Oct. 26, 1900, of angina pectoris, at the age of 45. The Doctor had suffered for years and had just returned from a trip in the hope of obtaining relief.

He was a native of Pennsylvania and had been a resident of Pasadena for 13 years. He was a prominent member of various fraternal orders, and universally loved and respected by his many friends.

MEDICAL COLLEGE NOTES.

The opening exercises were held in the amphitheatre of Medical Hall, on Wednesday evening, Oct. 24. Dr. Cole delivered a very fine address to the student body and the many alumni, friends and visitors.

The freshman class is large and has excellent material for future physicians. No material change in the teaching force has been made.

DISCUSSION OF PAPERS READ BEFORE
SOUTHERN CALIFORNIA MEDICAL SOCIETY MEETING, MAY 2 AND
3, 1900.

PAPER.

Dr. Conley Heaton, Pomona: "Placenta Previa."

DISCUSSION:

Dr. D. B. Van Slyck, Pasadena:

Have seen but three or four cases in my life. Each case must be considered by itself. The amount of hemorrhage governs the procedure. If danger is imminent, dilate the cervix promptly. If the vertex is presenting, turn and bring down the extremities, when in most cases the pressure exerted will stop the hemorrhage, and then some deliberation can be exercised. All cases of placenta previa are frightful. The first case that I witnessed was fatal. On my arrival the mattress and the bedding was saturated with blood and I immediately attempted to apply the forceps, but the mother died at once. In the other cases I packed the vagina and later dilated the cervix, and applied the forceps. All recovered.

Dr. Geo. E. Abbott, Pasadena:

Dr. Thomas says that tampons or gauze are useless. The same is true of tampons of absorbent cotton. The best tampons are those of ordinary cotton which still contains the natural oil, made up into small balls and firmly packed into the vagina. Of course,

they should be thoroughly sterilized before used, wet with a mild solution of bichloride of mercury and the moisture barely rung out.

I wish to emphasize the necessity of watchfulness on the part of the accoucheur. Whenever the pulse of the patient is about 100, don't leave for an hour.

I remember a case recently which interested me, for I feared placenta previa. Upon re-examination I found a prolapsed cord between the cervix and the occiput. I freed it and put it in its proper place.

Dr. Follansbee, Los Angeles:

This is a subject which interests us all. I believe that absorbent tampons are of no avail, but I should use tampons personally and never entrust that duty to the nurses, for I should be afraid of infection.

Dr. L. D. Beckinsale, Ontario:

I had a case recently in which dilatation was quickly produced and the child easily delivered. I have seen several instances of small segmentary placenta previa. In all the cases the parts were easily dilatable, and pains continuous and the rapidly advancing head acted as a plug so quickly that the blood lost was not great.

Dr. Heaton: (closing.)

I have tried both the two kinds, the cotton which still contains the oil and the strips of muslin; but with the former I have found that with the best packing I could do hemorrhage would return. In using the strips of muslin it is better to wet them and press them closely together in the hands before introducing them. Nurses should never be allowed to tampon.

PAPER.

Dr. F. R. Burnham, San Diego, "The Physician and Modern Complex Life."

DISCUSSION:

Dr. George L. Cole, Los Angeles:

One of the most important lessons

learned from the doctor's excellent paper is the value of calm serenity in life. I think it should be impressed upon the parents to inculcate in the minds of their children, the value of contentment with laudable ambition.

What the doctor said in reference to social and literary clubs is doubtless

intended to apply to the "new woman." The "new woman" is a fad that will take care of itself and in ten years I think we will find a great change in home life that woman will have returned to the good old-fashioned womanhood of our mothers.

BOOK REVIEWS.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES, Embracing the entire range of Scientific and Practical Medicine and Allied Sciences; By Various Writers. A new Edition completely Revised and Rewritten. Edited by Albert H. Buck, M. D., New York City. Volume I. Illustrated by numerous Chromolithographs and Four Hundred and Ninety-Eight fine Half-Tone and Wood Engravings. Sold by subscription at the following prices—In Extra English muslin binding, per Volume \$7— In Brown leather, raised bands, per Volume \$8— In Extra Turkey morocco, English cloth size, per Volume \$9.

New York, William Wood and Company, 1900.

The first volume of this superb work is now before us. The Reference Handbook became authority in 1887; in 1894 it was believed that the work might be brought up to date by the publication of a supplementary volume, and accordingly such a volume was issued, but during the past year it was thought that an entirely new work was demanded, and consequently Dr. Albert H. Buck, with his able corps of assistants, have given us this entirely new volume, and it is expected that the remaining seven volumes will be issued, one every four months. We are glad to see that one of the principal contributors is Dr. Frank P. Foster, the author of the Cyclopedic Medical Dictionary and editor of the New York Medical Journal. There is no man in the United States who writes with more accuracy and authority than Dr. Foster and his name signed to numerous articles is an unquestionable guarantee for the whole work. On climate subjects the principal writer is Dr.

Edward O. Otis of Boston. And again, in Dr. Otis we have a writer who is the highest authority on the subjects on which he treats. So we might go through the work and point out distinguished men as the authors of the various articles. There are, as contributors to this first volume, 135 authors, all of whom are as noted in their peculiar fields as Drs. Otis and Foster. The chapters on anesthesia and anesthetics, anatomy and aneurism; audition and the auditory canal and auditory nerve, are peculiarly exhaustive and instructive; also the chapters on astigmatism and bandaging. The chapter on amputation is profusely illustrated and occupies 36 pages. Thus can be seen the justification of the title, The Reference Handbook of the Medical Sciences.

We are especially interested in the article and illustration of Arosa, Switzerland which is an Alpine high altitude health resort in the southeastern portion of Switzerland. The altitude of Arosa is 5900 feet above sea level. The article states that Arosa has come into favor as a health resort especially in the winter, for tuberculosis patients. It is surrounded on all sides by massive mountains, which protect it from high winds with the exception of the foehn which appears occasionally here, as in all Alpine valleys. To show that the winter climate is not as bad as it might be, a table is given, demon-

strating that in the winter of 1891 and 1892 the lowest temperature at Arosa was 8 degrees below zero, while the lowest temperature during the same time at Davos Platz was 12 degrees below zero, but in the winter of 1892-93 the lowest temperature at Arosa was 16 degrees below zero, while during the same time at Davos it was 24 degrees below zero. When we compare such temperatures with the winter temperature of our Southern California mountains, at the same altitude, we realize that the whole world is justified in making the mountains of Southern California "The Invalids' Mecca." There are many excellent illustrations throughout the work and we heartily recommend it to all.

THE STUDENT'S MEDICAL DICTIONARY—

Including all the words and phrases generally used in medicine, with their proper pronunciation and definitions, based on recent medical literature. By George M. Gould, A.M., M.D. Author of "An Illustrated Dictionary of Medicine, Biology, and Allied Sciences," "30,000 Medical Words Pronounced and Defined," "The Meaning and the Method of Life," "Borderland Studies;" Editor, "Philadelphia Medical Journal;" President, 1893-1894, American Academy of Medicine. With elaborate tables of the Bacilli, Micrococci, Leucomains, Ptomaines, etc.; of the Arteries, Ganglia, Muscles, and Nerves; of Weights and Measures, Analyses of the Waters of the Mineral Springs of the United States, etc., etc. And a new table of Eponymic terms and tests. Eleventh edition, enlarged. With many illustrations. Philadelphia; P. Blakiston's Sons & Co., 1900. Price \$2.50.

The eleventh edition of this work is larger, by more than two hundred pages, than the previous edition; there are many new tables, quite a large number of illustrations are added, and it is thoroughly up to date. It should not be confounded with the illustrated medical dictionary by the same author, which is a much larger work, intended for complete information required by the physician. This work is especially

adapted to the wants of medical students.

INJURIES TO THE EYE IN THEIR MEDICO-LEGAL ASPECT—By S. Baudry, M.D., Professor in the Faculty of Medicine University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M.D. of Philadelphia, Pa. Revised and edited by Charles A. Oliver A.M., M.D., attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar. 5 5-8 x 7 7-8 inches. Pages, x-161. Extra Cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This little book, with the above title, recently translated, and from the press of the F. A. Davis Co., Philadelphia, is something new in the realms of American medical literature. It is a small work, but a wonderful amount of information has been crowded into its few pages. Two very valuable chapters from the medico-legal standpoint are those on simulated or exaggerated affections of the eye and one on medico-legal expert testimony.

The little book should find a place on the shelves of every oculist.

DISEASES OF THE EYE—By Edward Nettleship, F.R.C.S., Ophthalmic Surgeon at St. Thomas' Hospital, London (Moorfields) Ophthalmic Hospital. Revised and edited by Wm. Campbell Posey, A.B., M.D., Ophthalmic Surgeon to the Howard and Epileptic Hospitals, Philadelphia; Assistant-Surgeon, Wills' Eye Hospital; Fellow of the College of Physicians of Philadelphia; Associate Member of the American Ophthalmological Society, Etc. Sixth American from the Sixth English Edition, with a Supplement on Examination for Color-Blindness and Acuity of Vision and Hearing, by William Thompson, M.D., Emeritus Professor of Ophthalmology in the Jefferson Medical College of Philadelphia, with 5 Colored Plates and 192 Engravings. Lea Brothers & Co., Philadelphia and New York. 1900.

A work which has gone through six editions in England and in the United

States hardly needs a word of commendation from the reviewer. This, the six American edition, however, has been revised and edited by an American surgeon who has cut out of the original the ultra-English views and has brought the work strictly up to date from an American standpoint. There is a chapter by Dr. William Thompson, of Philadelphia, on the practical examination of railway employees. The book is an ideal textbook on ophthalmology.

BACTERIOLOGY AND SURGICAL TECHNIQUE FOR NURSES. By Emily M. A. Stoney. Superintendent of the Training School for Nurses, St. Anthony's Hospital, Rock Island, Ill., Author of "Practical Points in nursing." "Practical Materia Medica for Nurses," etc.

"Every bit of knowledge that we cannot use for the uplifting of our physical, intellectual, or emotional life is so much waste of time and labor. Everything taught is worth the knowing, but not worth the putting away in the pigeon-holes of memory, to be recalled some day by accident." Illustrated. Price \$1.25 net. Philadelphia. W. B. Saunders & Company, 1900.

We have looked through this work with pleasure and realize that it is quite an addition to the literature for nurses, which is now becoming quite a feature of the medical publishing houses. Every nurse, and especially every graduate nurse, should have a copy of this work. The nurse will find much that she has had in her regular training, but, at the same time, there is a great deal that is new and a great deal that is old that is put in a new and attractive form. Each physician is interested in having his nurse up to date, and we can do nothing better for those who serve him than to recommend to each one the reading of this book.

AN AMERICAN TEXT-BOOK OF PHYSIOLOGY. By Henry P. Bowditch, M. D., John G. Curtis, M. D., Henry H. Donaldson, Ph. D., W. H. Howell, Ph. D., M. D., Frederic S. Lee, Ph. D., Warren P. Lombard, M. D., Graham Lusk, Ph. D. F. R. S. (Edin.), W. T. Porter, M. D., Edward T. Riechert, M. D., Henry Sewall, Ph. D., M.

D. Edited By William H. Howell, Ph. D., M. D., Professor of Physiology in the Johns Hopkins University, Baltimore, Md. Second Edition, Revised, Vol. 1. Blood, Lymph and Circulation; Secretion, Digestion and Nutrition; Respiration and Animal Heat; Chemistry of the Body. Price, Vol. 1., \$3.00 net. Philadelphia, W. B. Saunders & Company, 1900.

The fact that the second edition of the American Text Book of Physiology has been so soon called for indicates that it is eminently fulfilling its purpose. We congratulate the publishers and the purchasers of this new edition upon the fact that it is now published in two volumes. The very bulky volume is the bane of every student. It is inconvenient to handle and the binding soon becomes loose, and the result is that there comes to be almost a dread of using it. This volume before us, though, is in a delightful size for handling, and is a great improvement in that respect on the first edition. The actual amount of material in the book remains substantially the same, although very many changes have been made. Even in the short time that has elapsed since the appearance of the first edition, there has been much progress in physiology. The only distinctly new matter that can be referred to specifically is found in this section, upon the central nervous system, and in a short section upon the modern ideas and nomenclature of physiological chemistry, with references especially to the processes of osmosis and diffusion. It seems remarkable that such a book can be published for \$3.00.

A BOOK OF DETACHABLE DIET LISTS. For Albuminuria, Anaemia and Debility, Constipation, Diabetes, Diarrhoea, Dyspepsia, Fevers, Gout or Uric Acid Diathesis, Obesity, Tuberculosis and a sick room Dietary: Compiled By Jerome B. Thomas, Jr., A. B., M. D. Instructor in Materia Medica, Long Island College Hospital; Assistant Bacteriologist to Hoagland Laboratory. Second Edition Revised. Price \$1.25 net. Published by, W. B. Saunders, 1900. 925 Walnut St. Philadelphia, Pa.

This satisfactory little work has proven of great value to us in the

past, and we are glad to see that a second edition has been demanded. The diet lists are so made that they can be torn out and given to the patients according to the indications. There is also a blank space on each diet list for the physician to write his modifications. Every practitioner will find this book, if on his desk, will be referred to by him daily.

PRACTICAL GYNECOLOGY, A COMPREHENSIVE TEXT-BOOK FOR STUDENTS AND PHYSICIANS, By E. E. Montgomery, M. D., Professor of Gynecology, Jefferson Medical College; Gynecologist to the Jefferson Medical College and St. Joseph Hospitals; Consulting Gynecologist to the Philadelphia Lying-in Charity; with 527 Illustrations most of them from Original Sources and drawn specially for this work. Published, 1900, by P. Blackiston's Sons & Co., 1012 Walnut St., Philadelphia. Price, \$5.00, net.

Here is an out and out new work from cover to cover. It fulfills well its mission in accomplishing the wish of the author, "that this book may prove the means of lightening the work of the student, of making more clear the pathway of the busy practitioner, and most of all of benefiting methods of diagnosis and treatment." We have looked through this volume very carefully and find the illustrations, the majority of which are original, very clear and satisfactory. The text is just what is needed by the student, and in fact in all respects this is an ideal book. Dr. Montgomery says that he has had this in hand for fifteen years, and we heartily congratulate him on his eminent success.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA; For students of Medicine and Physicians. By Joseph McFarland, M. D.

"Professor of Pathology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Medico-Chirurgical Hospital, Philadelphia; Fellow of the College of Physicians of Philadelphia, etc." With 142 Illustrations. 3rd. Edition, Revised and Enlarged. Price \$3.25 net. Philadelphia, W. B. Saunders & Company, 1900.

The volume before us is indicative of the interest in this great funda-

mental field, as it is the third edition of this very practicable work. The book is materially increased over the second edition. The author has the very rare faculty of making any subject interesting; besides the usual methods as to technique and general study, he takes up Suppuration, Pneumonia, Tuberculosis, Leprosy, Glanders, Actinomycosis, Tetanus, Diphtheria, Cholera, Typhoid Fever and Bubonic Plague, and treats them all scientifically and in a most entertaining manner. This work is valuable for the student and is particularly adapted to the practitioner who has not had the time or opportunity for a thorough course in Bacteriology.

STUDIES IN THE PSYCHOLOGY OF SEX. The Evolution of Modesty.—The Phenomena of Sexual Periodicity.—Auto-Erotism. By Havelock Ellis. 6½ x 8½ inches. Pages x:1-275. Extra cloth, \$2.00, net. Sold Only to Physicians and Lawyers. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is a very entertaining work on a subject about which it is very difficult to write. The author handles Masturbation and allied habits very thoroughly and quotes a vast number of authorities, some agreeing with his ideas and some disagreeing. He thinks that the ecstasy of religion is on the same plane as sexual emotion, and quotes from the "Imitation of Christ" and other sources to prove it. In conclusion he says:

"A man who is swayed by religious emotions cannot be held responsible for the indirect emotional results of his condition; he can be held responsible for their control. Nothing is gained by refusing to face the possibility that such control may be necessary—there is certainly, as I have tried to indicate, good reason to think that the action and inaction between the spheres of sexual and religious emotion are very intimate. The obscure promptings of the organism at puberty frequently assumed on the psychic side of wholly religious character; an activity of the religious emotions sometimes tends to pass over into the sexual region; the suppression of sexual emotions often forms a powerful reservoir of energy to the religious emotions; occasionally the suppressed sexual emotions break through all obstacles."

A TREATISE ON MENTAL DISEASES.

Based upon the Lecture Course at the Johns Hopkins University, 1899, and Designed for the use of Practitioners and Students of Medicine—By Henry J. Berkley, M. D., Clinical Professor of Psychiatry, The Johns Hopkins University, Chief Visiting Physician to the City Insane Asylum, Baltimore; With Frontispiece, Lithographic Plates and Illustrations in the Text. New York, D. Appleton and Company, 1900.

The author says:

"The absence from English medical literature of a comprehensive, practical work on mental diseases, one adapted to the needs of the busy practitioner, as well as to those of the student of psychiatry, has led the writer to prepare this treatise."

We find this volume very instructive and entertaining. The author starts out with a dictum that:

"In mental affections we have invariably to deal with a pathological condition in the brain. Of the various portions of the brain the mantle or cortex is of most importance in this connection."

In describing the arterial supply of the brain the author says:

"It will be noticed that all these several arteries are large in proportion to the size of the organ supplied, and that instead of being 'the cold and bloodless viscus' described by Aristotle, the brain receives more blood in proportion to its size than any other organ."

Further, "from the minor branches of each meningeal artery descend, perpendicular through the pia, short terminal arteries to nourish the cortical substance. The consequence of this non-anastomosis of the pial arteries is that different areas of the cortex are nourished by a blood-supply practically separate from that of the other portions, and as a result, when an embolus or thrombus plugs one of the parent arterial stems arising from the polygon, the nutrient supply is entirely shut off from that territory without any possibility of the establishment of a collateral circulation. . . ."

"Each little territory of the cortex has its own nutritive blood supply, entirely separate from that of contiguous territories, so that embolism, or diseases of the artery, distributed to a certain territory, means the death of that area of the brain substance whenever occlusion has become complete."

In regard to treatment, the author says:

"The first requisite in the treatment of any case of ordinary insanity is a good nurse; the second, a good cook; and the third, good air with pleasant surroundings."

The subject of mania is opened by saying:

"Shakespeare's statement, that melancholy is the nurse of frenzy, may have been founded upon the observation that there were but few cases of mental exaltation without a prodromal stage of depression." . . .

"Mania may be defined as a functional disease of the brain, characterized by a morbid increase in the activity of the imagination accompanied by a more or less extensive loss of power of correlation of the ideas, and by hyperexcitability of the motor senses of the brain, shown by the muscular agitation."

The author's chapter on the acute or chronic alcoholic insanities is the strongest temperance document we have seen. He says:

"Few drunkards, fortunately, live to old age. The majority develop arterio-sclerosis, cirrhosis of the liver, various inflammatory conditions of the gastro-intestinal tract, with colliquative diarrhea, and frequently pneumonia, which carry them off during middle life. The only treatment for the drunkard lies in the absolute withdrawal of alcoholic liquor of every kind."

In regard to insomnia, the author's observation of the sleeplessness of the neurasthenic is most vivid, and we commend its reading to all. Cranial measurements in the United States, the author says, are of comparatively little significance, owing to the admixture of the blood from the many races represented by the present inhabitants of this country. In the section of the work devoted to childhood, the author says:

"The superfine white flour of today contains little less than starch, and it does not supply the kind of nutriment which might justly be demanded from the staff of life. The growing child must have, at least part of the time, a bread containing the wheat-grain in its entirety. The modern use of whole grain breakfast dishes has many advantages and is to be commended. Bread should never be made with tartaric-acid-soda-carbonic baking powders, but only raised yeast bread should be allowed. . . . fats in the form of butter, cream and moderate amount of salad oil and codliver oil, if necessary, should always be given to the growing child. . . . Over-feed rather than under-feed any little patient threatened with nervous affections. . . . So long as they are gaining in weight there is little danger of the malady becoming serious. . . . When a superabundant diet is advised see that it is combined with plenty of exercise in the open air and overfeeding will never do harm."

But we have quoted enough from this volume to indicate its originality and its great value for us all.

A GREAT CLUB OFFER

Probably every subscriber for the Southern California Practitioner desires to take some first-class magazine other than medical, and to accomodate such persons we have secured the following rates:

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The Southern California Practitioner, Cosmopolitan and Modern Culture Magazines, **Club price \$2.25; Regular price \$3.00.** In other words we send in addition to the Southern California Practitioner these two first-class magazines, or all three for **\$2.25.** Our readers all know what the Cosmopolitan is and we can unreservedly say that the Modern Culture Magazine has no superior for the family.

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Frontispiece.

IDYLWILD SANATORIUM SITE.

SOUTHERN CALIFORNIA PRACTITIONER

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NO. 12

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THE IDYLWILD SANATORIUM.

(STRAWBERRY VALLEY, SAN JACINTO MOUNTAINS, RIVERSIDE COUNTY, CALIFORNIA.)

BY WALTER LINDLEY, M. D., EX-PRESIDENT CALIFORNIA STATE MEDICAL SOCIETY, PROFESSOR OF GYNECOLOGY IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

In 1888 an article appeared in the Southern California Practitioner on high altitudes in Southern California, in which I described a trip in August of that year to the summit of Mt. San Jacinto, 11,100 feet above sea level. In that article the following table appeared, comparing noted health resorts in the Swiss Alps with these local points:

SWISS ALPS.

Maloja	6000 feet
Wiesen.....	4771 feet
Davos Platz	5105 feet
Andematt	4738 feet

SOUTHERN CALIFORNIA MOUNTAINS.

(San Jacinto.)

Town of San Jacinto.....	1600 feet
Strawberry Valley, Idylwild..	5200 feet
Tauquitz Valley	8000 feet
Tamarack Valley	9000 feet

The Alpine winter cure of pulmonary diseases is very popular in Great Britain and on the Continent. Thousands of consumptives flock to the Davos Platz, Maloja and Weisen in the Swiss Alps every winter, sleeping with their windows wide open in the coldest weather. Immense and well-arranged hotels have been constructed by rich companies and remarkable results have been recorded. As can be seen by the illustrations, these Alpine resorts are on barren plateaus and have not the wealth of the beautiful pine forests that cover the Southern California Mountain Valleys. Last summer, eleven years after the publication of this article, the organizing of a company to establish a sanatorium in Strawberry Valley was begun, and the incorporation was completed April 21, 1900, with an authorized capital of a



LILY ROCK, NEAR SANATORIUM.
FERNS IN FOREGROUND.



OLD STRAWBERRY VALLEY HOTEL. LOCOMOBILE IN THE DISTANCE.
Altitude 5,250 Feet.



WIESEN, SWISS ALPS.
Altitude 4,771 Feet.

Showing barren plateau.



L'HOTEL-KURSAAL DE LA MALOJA. SWISS ALPS.
Altitude 6,000 Feet.



DAVOS PLATZ. SWISS ALPS.
Altitude 5,105 Feet.

Showing barren plateau

quarter of a million dollars. The objects of this corporation, as stated in its articles, are to carry on and construct hotels, sanatoriums, hospitals and bath houses, and to acquire lands and buildings and furnish appliances for that purpose. Also to provide rooms, furnish board, attendants and all necessary things for the proper care of the sick. To provide rooms, board, attendants and amusements for any person or persons desirous of visiting any of the said places for rest and pleasure; to manufacture, produce, generate or otherwise obtain electric light, power and heat, either by water power or by steam.

Fifty-five of our citizens, principally physicians, are subscribers to the stock. The officers are:

President, F. T. Bicknell; Vice-President, Norman Bridge; Treasurer, Joseph Kurtz; Secretary and General Manager, Walter Lindley; Directors, W. G. Nevin, F. T. Bicknell, J. A. Muir, John R. Haynes Frank P. Flint, Granville MacGowan, W. W. Beckett, M. L. Moore, Norman Bridge, E. R. Smith and Walter Lindley.

This valley where this company has purchased has an average altitude of just one mile; it is well timbered with both the pine and the oak, and has running through it three creeks. There are also dotted about on this tract twenty springs, one of these having a flow of four inches in the driest times.

There are two distinct localities in this valley—one where the old hotel is, called Strawberry Valley, and the other where there is also a small hotel, called Idylwild.

The company first purchased of Anton Scherman the 120 acres called Strawberry Valley, upon which is located the old hotel; they next purchased of the Native Lumber Company the 160 acres adjoining this tract on the north, called Idylwild. The next purchase was 160 acres of A. Saunders.

This tract adjoining Strawberry on the

south. They followed this by purchasing of the Native Lumber Company 490 acres adjacent to both Idylwild and Strawberry on the west and then made their final acquisition by purchasing of the Southern Pacific Company 160 acres adjoining Idylwild on the east. This gives the company a mountain tract of 1090 acres.

The first step will be the erection of a central building containing forty bedrooms, a large parlor, dining-room, reading-room and kitchen, surrounded on three sides with wide verandas. It is so constructed that the parlor, dining-room and reading-room can be thrown into one large concert room for entertaining purposes. Besides this building there will be a number of cottages of from three to five rooms each and occupants of these cottages will get their meals from the central building. Each cottage will have bath and toilet, while in the center building there will be numerous private and general baths. All apartments will be heated by steam and lighted by electricity that will be generated in a central power plant.

There will be a complete water system with power enough for abundant fire protection. Two great features of cure that will be relied upon in this institution will be good diet and fresh air. The institution will have its own dairy and gardens and the cattle and sheep will be grown in the mountains, the stock being fattened under the supervision of the management of the sanatorium. There will be done here what should be done in every hotel, boarding house and sleeping car, viz., each room will be thoroughly fumigated whenever there is a change of occupant, whether the previous occupant has been sick or well. Every knife, fork and dish will be boiled immediately after it has been used. There will also be prepared printed instructions for patients as to the best manner of protecting themselves and others, and there will be a systematic



THE SPRING NOW PIPED INTO THE SANATORIUM.



TEXTING IN STRAWBERRY VALLEY.

course of lectures on diet, hygiene, baths and all matters pertaining to the individual's proper care of himself. In fact, one great benefit to be derived from this institution will be the education which the guests will receive.

Work has already been actively begun in many directions on this enterprise. The water from the spring that flows at least 60,000 gallons in twenty-four hours has been piped to the buildings, and a cement reservoir, roofed and properly ventilated, has been completed. This reservoir is 200 feet higher than the buildings, which gives good pressure for fire protection and other necessary purposes. The sewer system is about finished—one-half mile of vitrified sewer pipe of best quality having been laid. The sewage will be disposed of by the most modern scientific methods under the direction of Messrs. Olmsted and Quinton, the well-known civil engineers of Los Angeles. The foundation of the central building is finished and the frame of the building is now up. The plumbing throughout the sanatorium will be most complete, the contract having been let to a firm of Los Angeles plumbers for \$10,957. Two 55-horse-power boilers have already been put in place in the power house to furnish steam for steam heating and also to supply power for the electric plant and for the laundry. Golf links, lawn tennis courts and a shooting range will all be in shape by the first of April; also, a recreation building will be constructed, in which there will be a bowling alley, shooting gallery, billiard room and gymnasium. Plans have been drawn for a large barn, where will be kept horses and burros and a complete outfit for camping parties, and the management of the sanatorium will furnish cooks and guides for persons who desire to take tours through the surrounding mountains. There is already a store and postoffice and by the time the sanatorium opens there will be the nucleus of a library.

Southern California has long been the Mecca for invalids, but heretofore there has been no adequate preparation for them; now all will be changed and here in this mountain fastness, surrounded by all of the grandeur of a primeval forest will be found the delightful comfort of a metropolitan hotel. There will be a resident physician and a corps of trained nurses for those who need them. In addition to the improvements mentioned, the company have laid off a village about one-half mile away, where they will have comfortable cottages to rent to those who desire to live independently of the sanatorium.

They have also laid off another tract in half-acre lots for persons who may desire to lease for five or ten years and put up their own buildings. There will also be tents to rent for those who wish to live out of doors. Idylwild is situated in Riverside county, twenty-two miles from San Jacinto. The drive the first few miles being through orange groves and rich farming lands; the last twelve miles over a beautiful mountain road aligned by great pines and cedars, with magnificent scenery both above and below. Automobiles carrying nine persons have been ordered and will be used in place of the stages, thus making a novel, charming and easy trip.

In conclusion, the advantages of Idylwild are:

1. Its isolation from the dust, noise and temptations of towns and cities.
2. Its altitude (5250 feet).
3. The atmosphere of the pine forest.
4. The purity of the atmosphere due to three causes—(a) altitude; (b) proximity to the Colorado Desert, from whence comes the nocturnal breeze; (c) proximity to the Pacific Ocean, from whence the diurnal breeze comes.
5. Beauty of scenery and variety of interesting short tours that can be made through surrounding mountains.



INSPECTING THE SITE.



ON THE GOLF LINKS.

6. The cottage system.
7. The village system.
8. The large territory controlled by the Sanatorium management, that insures thorough enforcement of sanitary rules in all of the contiguous country.
9. The mildness and equability of

the climate—unequaled by any other mountain resort in the world.

10. Pure spring water throughout all of the buildings.

11. Great range of healthful outdoor amusements available 340 days in the year.

INFLAMMATORY DISEASES OF THE UTERINE APPENDAGES.*

BY E. E. MONTGOMERY, M. D., PHILADELPHIA, PA., PROFESSOR OF GYNECOLOGY IN THE JEFFERSON MEDICAL COLLEGE, GYNECOLOGIST TO JEFFERSON AND ST. JOSEPH'S HOSPITALS.

Gentlemen: I will show you today a patient thirty-three years of age, an actress, none of whose immediate relatives are known to have had any disease which could be transmitted to her. She had measles, pertussis, and an attack of acute gastritis when a child. In December, 1896, she suffered with biliary catarrh for two weeks; she was then jaundiced and had severe pain. This is the only illness she has experienced until her present trouble. Puberty occurred at the age of twelve. The periods were regular, and lasted one week. Each period was preceded for a day or two by severe pain. One year ago irregularity in the menstruation first began, when she would have metrorrhagia, lasting for one or two days. The regular menstrual flow would appear at the usual time. This condition has continued until the present month. Her sickness occurred at the usual time, between the fifth and the twelfth instant. On the twenty-second a flow was established which continued five days. The discharge was free, red and with a decidedly fetid odor. Leucorrhea generally precedes her menstrual flow, and is associated with cramp-like pains in the hypogastric and inguinal region, and also intense pains in the lumbar regions. During her

entire menstrual period she is generally free from pain. Right-sided hemicrania is frequent. The bowels are generally regular. She has no bladder manifestations. The urine is amber-colored, slightly clouded, acid in reaction, with a specific gravity of 1023, and contains no albumen. Fehling's test shows a slight trace of sugar. Microscopically epithelial cells are rather abundant, with oxalate of calcium crystals present, but no casts. Associated with this history, examination discloses the uterus somewhat fixed, by an inflammatory condition of the broad ligament, evidently tubal disease. Such an inflammation may arise from a variety of causes. The most frequent is gonorrhea. Next to gonorrhea, septic infection. It is well to remember that we may have inflammatory conditions involving the uterus, the parametrium, the tube, the pelvic peritoneum, which result from repeated attacks of cold at the menstrual periods, and want of care at those times. Consequently, you should not decide that every patient who presents an inflammatory condition of the pelvis, with fixed tubes and ovaries, has necessarily been the victim of either gonorrhea or sepsis. It should be remembered that these inflammatory conditions are susceptible of exa-

*Clinical Lecture Delivered at the Jefferson Hospital.

cerbation on exposure to cold, fatigue, or after intra-uterine applications and severe examinations. The mere introduction of the sound will be sufficient to light up a severe attack which may cause more serious trouble, so intra-uterine medication and exploration of the uterine cavity should be practiced with great care. This patient suffers from such a condition. You remember she has had irregular menstruation or bleeding from the uterus. This symptom may arise from a variety of causes external to the uterus and even the genital tract. A diseased condition which will interfere with the circulation of the pelvis, which obstructs the general circulation, as any cardiac disease, will give rise to uterine hemorrhage. A patient with severe renal disease or hepatic disorder may have obstruction of the general circulation and result in hemorrhage. Again, hemorrhage may arise as a result of disease of the ovary. The woman who has a chronic inflammation of the ovary, the organ enlarged, with the tunica albuginea thickened, renders rupture of the Graafian follicle difficult. Indeed, a number of cells may fail to rupture, forming cysts producing what is known as cystic degeneration of the ovary. In these cases hemorrhage is a very frequent symptom, but it may be so persistent in character as to continue even though the uterine mucous membrane has been treated by curettement and various local applications employed. These are the conditions described as pseudo inflammation secondary to operation. Hemorrhage may be the result of tubal inflammation or inflammation of the cellular tissue about the tube, a peri salpingitis, in which the exudation leads to pressure upon the return circulation, producing a passive uterine congestion. Hemorrhage may similarly arise from pressure of growths in the broad ligament, an ovarian cyst, a fibroid in the broad ligament. It frequently results from ectopic gestation.

In all these conditions the hemorrhage is produced by the interference with the return circulation. The arterial circulation is not obstructed while the pressure upon the less resisting veins interferes with the return of blood and hemorrhage is a symptom. Hemorrhage may be produced by diseased conditions in the mucous membrane, a hemorrhagic endometritis. The presence of growths within the uterine walls interferes with the circulation of the organ and especially of that of the mucous membrane. In the fibroid growths of the submucous or interstitial variety, which encroach upon the mucous membrane, hemorrhage is an almost constant symptom. Again, it results from the presence of malignant degeneration of the mucous membrane, also from degenerative changes which follow abortion and the retention of portions of placenta or the decidua. Hemorrhage may be a symptom in the early stages of pregnancy. Congestion and inflammation of the uterine mucous membrane is aggravated by the increased amount of blood sent to the organ as a result of the physiologic processes. Not infrequently patients who have become pregnant will suffer from excessive menstrual flow the first two or three months subsequent to its occurrence. Some women feel assured of the occurrence of pregnancy if they find an excessive menstrual flow. Recognizing these various considerations, you must appreciate that the physician who practices gynecology cannot be only a specialist, but must have a thorough knowledge of the various physiologic and pathologic processes which may cause changes in the circulation of the pelvic organs. In this patient we recognize a fixation of the uterus, which undoubtedly interferes with the return circulation from this uterine mucous membrane, and to this is without doubt due the hemorrhage. With the recognition of the cause, what shall be our plan of treatment? Shall we

subject her to the administration of various agents with a view of arresting the bleeding? Such a course will be time lost. It would be no advantage to the patient, probably a disadvantage in disturbing the alimentary canal, produce more or less discomfort without exerting a beneficial influence. We have pressure upon the vessels. The venous circulation is obstructed, consequently our measures by the mouth or stomach will prove of but little avail. There are plans of treatment, however, outside of operative interference which we can employ. Among these would first be the frequent irrigation of the cervix and vagina, as well as enemata by the rectum, bringing in this way the influence of heat upon the pelvic vessels. Pelvic massage in many cases is of inestimable advantage. It enables us to break up adhesions, to improve the position and relation of the uterus, to render it more mobile, and by the stimulation of the circulation exudate is absorbed. Before entering upon the latter treatment, however, we must make sure that the fixation is due only to exudation, and that it has not gone on to suppuration. In pus collections in the tube, pelvic massage will be attended with danger, so we must make up our minds before attempting it that we have not to deal with a collection of pus. In the employment of massage we may introduce a tampon of gauze and cotton saturated with a glycerine solution, preferably boro glycerine, 50 per cent., solution in glycerine, or 20 per cent. solution of ichthyol. Such a tampon is packed into the vagina in the intervals of the massage, keeps the organ raised up, stretches the bands of adhesions and improves its circulation. In a patient who suffers as this one, whose circumstances are such that she is unable to take the time and afford the expense of a long course of treatment, operative procedure will be preferable. Consequently, I propose first to dilate

and curette her uterus, which will afford drainage through that organ. The abdomen will then be opened and the treatment will depend upon the condition in which the organs are found. The rule should be to remove as little as the condition will permit. The dilatation of the uterus, as we have said, will afford drainage and permit the retention of the organs unless they have already been destroyed by the disease. In dilatation, after thoroughly cleansing the vagina and rendering that tract as aseptic as we possibly can, an Edebohl's speculum is introduced into the vagina, the patient lying upon her back, with the limbs well fixed, the cervix is seized with a double tenaculum and held, not, especially in inflammatory conditions, making much traction upon it. Then with graduated bougies the dilatation is completed sufficiently to permit the ready passage of the curette. The organ is curetted with a sharp, flush instrument, having an opening through its handle by which the cavity can be flushed with an antiseptic solution as the curettement proceeds, thus washing away the blood and debris. The fluid quite hot, renders the patient less likely to continue to bleed. The curettement may be followed by swabbing the uterine cavity with pure carbolic acid, or it may be packed with iodoform gauze. In cases where the uterus is quite large from subinvolution, the iodoform gauze serves as a tampon, to a slight degree promotes drainage, keeps the inflamed surfaces apart, promotes the throwing out of exudation which seals up the uterine cavity and excludes the possibility of further infection, while the gauze acts as a foreign body, stimulates the uterine contractions and promotes absorption of the exudation. Where the uterus is flexed and the patient has suffered from obstruction, the gauze keeps the canal straight and promotes the fixation of the organ in a straightened position. It should be removed at the end of thirty-six to

forty-eight hours. A gauze tampon is placed beneath the uterus to raise it up. We now thoroughly cleanse the hands, sterilize instruments which have been used, and cleanse the abdomen preparatory to the abdominal incision. Opening the abdomen, the finger is passed around, searching for the fundus of the uterus as a landmark and from it on either side to the uterine appendages. Extensive adhesions are found posterior to this uterus. Bands of adhesion fix the left ovary and form a good-sized mass. A quite considerable sized sac is here formed, the adhesions of which I carefully separate and am able to deliver the sac without its rupture. This sac is the tube with the ovary behind it. As it is drawn up, the conditions demonstrate that the usefulness of the tube has been destroyed, and we proceed to the removal of the tube and ovary. The broad ligament is transfixed by passing through it a double ligature which is tied on either side, making sure that the ligation is sufficiently firm to prevent the ligature from slipping. Having done this, we proceed to the removal of the appendage, leaving a sufficient button to sustain the ligature. Before cutting through the tube I apply a pair of forceps external to the ligature and cut between them and the ligated point. I do this for the reason that I fear the tube may be patulous and the fluid which it contains would escape, soiling the abdomen, and particularly because I wish to keep the specimen unopened. Having removed the tube and ovary, we examine the parts, relaxing the pedicle to make sure that no bleeding occurs when the ligature is cut and the pedicle dropped. We now proceed to the examination of the other side. We have removed the left tube and ovary. On the right side everything is matted together. We find a hydrosalpinx there. I would like to have saved this woman a portion of the tube and ovary. I will leave the ovary as

it does not seem to be diseased, and its retention will prevent the annoying nervous phenomena of the artificial climacteric. On examination of the tube I shall leave a part of it, as it is evidently a hydrosalpinx, and its fluid will not be irritating. Having opened the tube and removed its contents, I pass a probe toward the uterus to see if it is patulous. The difficulty with which this instrument passes in this dilated tube must indicate to you the impossibility of what has been suggested by some, the catheterization of the tube from the uterus. I had hoped to have left this tube, but upon examination we find a mass of induration and inflammation at the uterine end of the tube, which precludes its retention, so we remove the tube, and leave the ovary. I made no promise to this patient to save her tubes and ovaries, for the reason that I was unable to determine just how serious the condition existed prior to opening the abdomen, but the ability to avoid many distressing symptoms that are incident to the removal of both ovaries has led me to retain the ovary even though it is necessary to remove the tubes. You may possibly ask, what will become of the ovum in a case like this, when both tubes are removed. I reply that it will be taken care of just as it has previously been done for several months when both tubes were obstructed, and there was no connection with either ovary through the tube. The follicle is ruptured, and the ovum escaped into the abdominal cavity, where it has been digested. It is very important after the operation to make sure of the number of sponges, or pads, that have been employed. These should be accounted for before the wound is closed. We also carefully inspect both sides of the pelvis to make sure that hemorrhage is under control. This done, I find here a portion of the broad ligament has slipped out of the ligature and might readily lead to bleeding, so that

a second ligature is applied. The cavity is then thoroughly irrigated with normal salt solution, which is employed for the toilet of the peritoneum, and the sponge used as little as possible. We are not particular to remove the entire quantity of the fluid, as it produces no injurious influence, and by its presence helps to lessen the thirst from which the patient would otherwise suffer. The wound is closed first with continuous catgut

suture through the peritoneum, then silkworm gut sutures are passed through the abdominal wall, which include all the tissue above the peritoneum. After these sutures have been introduced, the aponeurosis is united by continuous catgut suture, using for this the chromacised catgut No. 0. After its introduction the silkworm gut sutures are tied. This holds the aponeurosis in close apposition and thus insures a strong ventrum.

THE SUBARACHNOID INJECTION OF COCAIN FOR OPERATIONS BELOW THE DIAPHRAGM.*

BY F. C. E. MATTISON, M. D., PASADENA, CAL.

This subject is claiming considerable attention among the members of the medical profession at the present time, and as it is a matter of such vital importance to our patients, I hope I may be pardoned for bringing the subject before you for discussion, particularly as I have had no personal experience with the method.

While in Paris this summer, I had the pleasure of seeing Prof. Tuffier use the method several times, and later saw Prof. Murphy, of Chicago, use it in several cases. When we consider that it has been variously estimated that one death occurs in about every 2000 administrations of chloroform, and one death in 26,000 administrations of ether, we naturally feel that any method of anesthesia which may lessen this death rate must demand our attention.

An American, Dr. J. Leonard Corning, demonstrated in 1884 and 1885 that anesthesia could be produced by direct medication within the spinal cord, but very little attention was given this method until Biers presented his article, hardly more than a year ago, upon cocainization of the spinal

cord as a means of producing anesthesia for surgical purposes; but to Tuffier seems to be due the credit for demonstrating its practical use.

The technique, as described by Tuffier, is practically that of lumbar puncture. He has his patient sit up and bend forward, he locates the iliac crests and an imaginary line connecting the crests passes through the fourth lumbar vertebra; he inserts the needle to the right of the vertebral column about 1 C. M. from the line of the spinous-process; the injection is never made until a few drops of the cerebro-spinal fluid escapes through the syringe. Injection must be made slowly. The syringe he uses is a Pravaz syringe, admitting of sterilization, but any syringe which can be thoroughly sterilized may be used. He uses a platinum needle nine centimeters long, external diameter 1.1 M. M.; internal diameter, .8 M. M. As there is no special advantage in using a platinum needle, any needle of suitable size admitting of thorough sterilization may be used, but the needle must have a short bevel or the orifice of the needle may only be partially

*Read before the Los Angeles County Medical Society, Nov. 16, 1900.

in the subarachnoid space, while the outer portion of the needle may be without the sheath, and in that manner only a portion of the injection flow into the subarachnoid space. A steel needle has this advantage over a platinum, that it is more solid and is not so liable to bend when it comes in contact with the vertebral column. He uses a fresh two per cent. solution of cocaine. He emphasizes the fact that the solution must be sterile and recent. He prepares the solution as follows:

The solution is exposed to a temperature of 80 degrees C. in a water bath for fifteen minutes; then it is kept in a temperature of 38 degrees C. for three hours. It is again brought to a temperature of 80 degrees C., then allowed to cool to 38 degrees C. This operation he repeats five or six times in succession, when he claims the solution is perfectly sterilized and the anesthetic properties of the cocaine are not altered.

Dr. J. B. Murphy has had a solution prepared by first making the solution in sterilized water, sealing in glass tubes and boiling for twenty minutes; the results with a tube prepared in this manner, and used by Dr. Lee at the Cook County Hospital, were not as satisfactory as by the former method, as the boiling, even in vacuo, decomposes the cocaine. What his later results are with this method of sterilization I am unable to say.

Dr. Murphy has also used Eucain B. Solution, which admits of thorough sterilization, but his results were not satisfactory. The writer asked Tuffier at one of this clinics if he had used Eucain. He claimed not to have used it, as he was not at all familiar with its use, and preferred cocaine, as he was familiar with its effects and dosage.

Drs. Dudley Tait and Guido Caglieri, of San Francisco, report (*Jour. Am. Med. Assn.*, July 7th), a series of interesting experiments and clinical notes

on the subarachnoid space, judging from a hasty search through the literature at the command of the writer, these gentlemen have given us some very valuable reports and report three cases injected in the sixth cervical space, the first report to the knowledge of the writer, in which the injection has been used above the lumbar region in the human being. They report three cases in which the injections were made in the sixth cervical space, using $\frac{1}{2}$ per cent. solution in two cases, the other case a 1 per cent. solution. These cases were examined several weeks after the injection, and found free from any possible complication.

Wishing to have an opinion as to the usefulness of this method of anesthesia, a letter was addressed to several prominent surgeons whose opinions I take the liberty of quoting: Dr. J. B. Murphy says in part: "I have had no unpleasant results; all of my patients have done remarkably well after the operation—better, I believe, than they would have done with anesthesia. I am becoming more confident of its success every day." He also very kindly sent a report of thirty cases which he or his associate had operated since his return from the International Medical Congress. I take the liberty of appending the report of these cases.

REPORT OF CASES.

Since my return from the International Medical Congress, August 19, I have used this method of anesthesia in nineteen cases with the following results:

Case 1—Miss B., Cook County Hospital, aged 22 years; left pyosalpinx, with history of rupture into the intestine. Injection of fifteen minims of a 2 per cent. solution of hydrochlorate of cocaine in the subarachnoid space in the lumbar region on a level with the iliac crests. The needle was easily inserted, the cerebro-spinal fluid escaped, and forty seconds were consumed in injecting the fluid after the syringe was attached. The opening, after the needle was withdrawn, was sealed with collodion. The operation was commenced eight minutes after the injection. A median

incision was made; the adhesions were very extensive and firm. It was difficult to separate the tube from the bowel. The wall of the latter was enormously thickened and I feared that a sinus was present. Careful examination, however, did not reveal one. The tube was removed, the pus sponged out, and the omentum drawn over the intestine and pressed down into the pelvis, as the sigmoid was fixed and could not be turned down to protect the abraded surface. The operation was completed by closing the abdomen with figure of eight sutures. No drain. The patient was conscious of the fact that she was being handled, but there was not the slightest pain. She was nauseated and vomited some six times after the operation was begun. This retarded the work a couple of minutes. The pulse at no time exceeded 75, and ranged from that to 60. She did not vomit after the operation. Her temperature that evening reached 102 degrees; since then it has been normal, and no unpleasant symptom has since occurred.

Case II—Male, age 50 years, Cook County Hospital. Varicose veins of the leg; Schede operation. Thirteen minims of cocaine. A 2 per cent. solution was used for injection. Anesthesia was complete in seven minutes. There was some nausea and vomiting during the operation. There was perfect analgesia. The pulse was not accelerated and was strong at all times.

Case III—Male, age 46, Cook County Hospital. Sensitive ulcerated stump, following amputation for diabetic gangrene. In this case fifteen minims of eucain were injected. A little difficulty was experienced in getting in between the laminae. Some nausea and vomiting occurred as with the cocaine. It was twelve minutes before the analgesia was complete, and there was some return of sensation ten minutes after the operation was commenced. On the whole, it was not as satisfactory as cocaine.

Case IV—Female, Cook County Hospital; small tumor of the left ovary in a very neurotic patient. Injection of eleven minims of a 2 per cent. solution of cocaine. Nine minutes after the injection the analgesia in the abdominal wall was complete. An incision was made, the ovary and tumor removed in the usual way; abdomen closed with figure of eight sutures. Eighteen minutes after the injection there was one effort at vomiting. The patient said she had a sense of nausea. The insertion of the needle did not give the slightest pain. Her extremities were tested all the way from her toes to the hip with needles. The sense of touch was present, but no pain produced by the needle prick. There was no vomiting after the operation. The patient's pulse was 120 before the operation was commenced and 90 after it was completed. Time, 21 minutes from the injection to the completion of the operation.

Case V—Alexian Brothers' Hospital, September 11; appendectomy; G. B., age 18 years.

Intermediate operation; fifteen minims of 2 per cent. solution of cocaine injected. Nine minutes after injection analgesia was complete. Trans-rectus incision; appendix post-cecal; separated from caput coli by pathologic amputation; removed; closed without drain. Pulse before operation, 150; when abdomen was opened, 140; remained so during the operation. One effort at vomiting twelve minutes after the injection. Complete analgesia; time for anesthesia, nine minutes; for operation, ten minutes. No vomiting after operation. Temperature same evening, 99 degrees.

Case VI—Alexian Brothers' Hospital, I. S., age 51, September 11. Arthroctomy left knee joint; traumatic synovitis; fifteen minims $1\frac{1}{2}$ per cent. solution cocaine injected; analgesia in eleven minutes. Nauseated; vomited fourteen minutes after injection; pulse 110 all the time; very neurotic patient. Temperature same evening, 99.6 degrees. No unpleasant after effects.

Case VII—Alexian Brothers' Hospital, September 11. Suppurative epididymitis curettement. Injection twelve minims $1\frac{1}{2}$ per cent. solution cocaine; analgesia seven minutes; vomited once, thirteen minutes after injection; pulse rapid all of the time, both before, during and after the operation. Temperature, 100.6 degrees the evening after the operation. No unpleasant symptoms.

Case VIII—Alexian Brothers' Hospital, September 12, H. P., age 35. Strangulated femoral hernia, fifty-four hours duration. Injection fifteen minims $1\frac{1}{2}$ per cent. cocaine solution. Analgesia in eight minutes. Usual incision, intestine was liberated, gloss present, circulation slowly returned, resection unnecessary, sac excised and femoral canal closed with kangaroo tendon. Patient vomited before injection and frequently during operation. The vomitus was characteristic of obstruction. Pulse 130 before injection, reached 144 during operation, and was 120 at completion of operation and fairly strong all of the time. Duration of operation, twenty-two minutes. The patient had no pain or inconvenience during the operation. His bowels moved freely on the table. He said he felt better than at any time since the onset of his illness. I believe cocaine has very decided advantages in cases of intestinal obstruction; first, the patient is quickly prepared for operation; second, the danger of inhalation-pneumonia is nil, a matter of grave importance; third, the prolonged depression so general in this operation from general anesthesia is avoided.

Case IX—Alexian Brothers' Hospital, September 11, O. H., age 55. Schede operation. Varicose ulcer of leg. Injection of fifteen minims of $1\frac{1}{2}$ per cent. solution of cocaine. Analgesia of lower extremities in seven minutes. Nausea and slight vomiting. Pulse never above 90. Patient phlegmatic, had no apprehension of pain, discomfort or danger from the operation, which contrasts markedly with the previous cases. Temperature, 99.4 degrees on evening after operation. It will

be noted that in all cases operated on September 11 the evening temperature exacerbation was absent.

The following three cases were in my service by Drs. Lee, Oswald and Neff:

Case X—Supra-pubic cystotomy; patient 62 years old; fifteen minims $1\frac{1}{2}$ per cent. solution; patient did not vomit, and the introduction of the sound did not give any pain.

Case XI—Papilloma of rectum; patient 56 years of age; fifteen minims of $1\frac{1}{2}$ per cent. solution cocaine; sphincter ani dilated; perfect analgesia; no vomiting.

Case XII—Varicose veins of leg; Schede; patient aged 42; fifteen minims 2 per cent. cocain solution; nausea.

Case XIII—Inguinal hernia, radical cure; fifteen minims $1\frac{1}{2}$ per cent. solution; no vomiting; no pain.

Case XIV—Inguinal and umbilical herniae; age 34; twenty minims $1\frac{1}{2}$ per cent. solution; time for both operations, forty-five minutes; nausea; no vomiting.

Case XV—Cystorrhaphy of bladder; male, age 26; fifteen minims $1\frac{1}{2}$ per cent. cocain solution; some nausea; no vomiting; time of operation, thirty-five minutes. The prostatic portion of the urethra gave an unpleasant sensation, though not pain.

Case XVI—Carcinoma of penis; amputation and removal of inguinal glands, both sides; perfect analgesia; some nausea and efforts at vomiting.

Case XVII—Extensive burn of the thigh; terminal growths; forty square inches; fifteen minims 2 per cent. solution; complete analgesia nine minutes; some nausea; no vomiting.

Case XVIII—Intra-uterine polypus; patient aged 59; dilation, removal of polypus, curettement; analgesia in seven minutes; pulse 74 at the highest; no nausea; no vomiting.

Case XIX—Retroversion-polypus; small cyst of ovary; fifteen minims 2 per cent. solution; analgesia eight minutes; laparotomy, removal of cyst of ovary, ventral fixation; considerable vomiting owing to the fact that a 4 per cent. solution was mixed with sterilized water to make it 2 per cent.; time of operation, fifteen minutes; not the slightest pain at any time.

Case XX—Mrs. X., age 34; large uterine myofibroma. Abdominal myomectomy; fifteen minims 2 per cent. solution of cocain. In nine minutes analgesia was complete. Median incision. Enucleation of fibroid from the uterine wall; double row of silvered catgut sutures of uterus; closure of abdominal wall with silkworm gut; no vomiting; analgesia perfect; highest pulse, 94. Patient said: "It is just play compared with taking chloroform."

Case XXI—Male; ankylosis of hip; ununited fracture of femur. It was impossible to put patient in sitting posture, and I was unable to insert the needle with patient on his side.

Case XXII—Male, age 37; hemorrhoids; fif-

teen minims of a 2 per cent. solution; in seven minutes the analgesia was complete. The sphincter was stretched without the slightest manifestation of pain of reflex; tumors removed with cautery and without pain. No nausea and no vomiting.

Case XXIII—Mercy Hospital, M. D., male, age 24; large varicocele; phlebectomy; twelve minims 2 per cent. solution (two months old, but in a vacuum glass ampulla); analgesia was complete in seven minutes; more nausea than usual; no vomiting; complained of sense of heat in the chest; pulse 92 at the highest; somewhat diminished in force and volume. I saw him an hour after the operation and he said he never felt better in his life. No headache or other unpleasant symptom followed.

Case XXIV—Cook County Hospital; Mrs. X., age 26; acute appendicitis; abscess recto-cecal; small appendix removed; injection, fifteen minims 2 per cent. solution of cocain. After ten minutes not the slightest analgesia; no nausea; no sense of numbness; no anxiety. Investigation of the cause showed that the interne had used an old solution of cocain which had decomposed from standing. Two bottles were just alike and the mistake was pardonable. I did not dare to use another injection on the same patient, but used the fresh solution immediately on the next case.

Case XXV—Cook County Hospital; Mrs. F., age 52; tubercular tendo-vaginitis, dorsal tendons right foot; extensive dissections of the tendon-sheaths; injection of thirteen minims of 2 per cent. solution of cocain (fresh solution); six minutes, complete analgesia; no nausea and no vomiting; no cardiac pneumonia; patient felt perfectly well after removal to room. This is a beautiful contrast to the previous case, showing the importance of fresh cocain solution, or one, at least, that has been free from bacterial action.

Case XXVI—Mrs. M., age 30; abscess of ovary and broad ligament; oophorectomy; subarachnoid cocain anesthetic, twelve minims $2\frac{1}{2}$ per cent. solution injected; analgesia perfect; slight nausea eleven minutes after injection; time of operation, twenty-two minutes; no vomiting; highest pulse rate, 98; no unpleasant symptoms after operation.

Case XXVII—Cook County Hospital, gangrene of two toes; injection, ten minims 2 per cent. solution; analgesia perfect; no nausea; no vomiting; pulse rate, 64 during operation.

Case XXVIII—Mr. M., Mercy Hospital; ununited deformed ancient fracture of the femur; injection, twelve minims 2 per cent. solution, subarachnoid; analgesia in seven minutes; the operation was very difficult and very long; the femur had to be cut twice with the chain saw, and there was very much work done with the chisel. The patient did not have the slightest pain during the time. He joked and laughed throughout the operation; highest pulse rate 90, lowest 64; some nausea about forty minutes after injection; time for operation, one hour and twenty min-

utes, analgesia was perfect through the entire proceeding; there was no reaction following the injection.

Case XXIX—Cook County Hospital; male, age 51; varicose ulcer of leg; Schede operation; nine minims of 2 per cent. solution used; the analgesia occurred eight minutes after injection; it was never complete and I believe the quantity injected was too small, although it was sufficient for completing the operation without any marked inconvenience or discomfort to the patient.

In addition to these cases, I wish to record one of Dr. C. E. Ruth, of Keokuk, Iowa:

Case XXX—Female, age 21; uterine dilatation, curettage, trachelorrhaphy, perineorrhaphy, with complete laceration into the bowel; the anesthesia was complete in ten minutes; highest pulse 94, lowest 42; no pain throughout time of operation, 45 minutes; no reaction after injection.

Dr. Ruth writes: "I hope it will prove as safe an anesthetic as it is efficient."

Dr. Carl H. Anderson, of Chicago, has kindly furnished me a report of six cases upon whom he has used the method.

Case I—Hydrocele, with vague history; patient colored, 28 years of age, strong and healthy. Subarachnoidean injection of fifteen minims of 2 per cent. solution of cocain. Anesthesia complete. On opening the scrotum, sarcoma of the testicle was found and removed. Ninth day after operation patient died from pulmonary embolism.

Case II—Varicose veins of the leg. Injection of eight minims of 2 per cent. solution of cocain. Anesthesia lasted five hours and ten minutes. No pain during operation. Perfect recovery.

Case III—Trachelorrhaphy; cocain anesthesia. As soon as operation was finished, the patient fainted and remained in that condition for two hours. Under strychnia and salt water per rectum, she rallied and recovered.

Case IV—Amputation of toe in a man 72 years of age. Seven minims of 2 per cent. solution of cocain injected. Uninterrupted recovery.

Case V—Operation for suppurative appendicitis. Patient, woman. Operation performed at 10 a. m.; at 2 p. m. patient showed symptoms of medullary irritation, pain in the back and severe headache. It is now several days since the operation was done, and patient has had a terrific headache ever since.

Case VI—Version and use of forceps. At the suggestion of Dr. Harold N. Moyer, Dr. Anderson injected sixteen minims of a 4 per cent. solution of eucaïn B in this case, with very satisfactory results. Patient suffered no pain whatever. Eucaïn B can be perfectly sterilized by boiling.

And says, in part, that his objections to the method after using it in these cases are:

I—"The danger of infection from lumbar puncture, which is great."

II—"The nearly utter impossibility of getting sterile cocain, as cocain cannot be sterilized after it is in solution."

III—"The severe pain on making the puncture."

IV—"The difficulty of finding the arachnoid space, which often is very difficult."

V—"The danger of toxic effect of cocain."

Dr. A. W. Morton, of San Francisco, had used the method in ten cases with no unpleasant effects.

Dr. W. M. Harsha, Chicago, had used the method once with very satisfactory results.

Dr. W. H. Henderson, Chicago, had used the method twice—once with good results and no bad effects, the other case he did not use a large enough dose, and suggests when the solution is sterilized by boiling that the needle be left in situ until it can be ascertained that the dose is sufficient, and if not to inject more of the solution tentatively.

Dr. W. J. Mago, Rochester, Minn. "I have not used the cocain in the spinal canal as yet. I have been somewhat afraid of it, and am waiting the final results of test in the hands of those using it."

Dr. A. F. Jonas, Omaha, Nebraska, had not used the method, and says in part: "From my own personal observation I feel that it will hardly become a method of general application in capital operations, chiefly on account of the psychical effect upon the patient. For one to lie quietly on a table with the full consciousness that a grave operation is being done on his own person is a horrible ordeal."

Dr. Alexander Ferguson says: "I have had no experience with the injection treatment. My opinion is that it has its place in surgery when general anesthesia is contra indicated."

In Tuffier's 130 cases which he has reported there have been no fatalities and no unpleasant results.

Biers, however, after having done pioneer work along this line, has recently written a sort of warning and

claims that it must be used with great caution and not promiscuously.

The conclusion is forced upon us that before the method can be very generally used we must first demonstrate that it is a safer means of producing anesthesia than the means at our command, or, rather does the added danger of a "lumbar puncture," combined with the uncertain action of cocaine, still offer a lower death rate than that from chloroform and ether or any combination of these? If so, we may safely use it in selected cases, for it cannot replace either chloroform or ether or the personal equation must be ever a factor. Very few patients will submit quietly to an operation, devoid of pain even though it may be, if they are conscious of what is being done.

In cases of strangulated hernia or any condition when an aspiration pneumonia is feared, this method has undoubted advantages; also in those who have an aversion to or dread of a general anesthetic, it offers many advantages. In urgent operations upon a patient after a full meal, or in cases when it is essential that the patients retain consciousness and the power to keep the throat clear, if a lumbar puncture be made under the strictest of antiseptic precautions and a sufficient

amount of the cerebro-spinal fluid be allowed to flow through the needle to insure no undue intra-cranial pressure from the amount of solution to be injected, and if the solution to be injected can be one admitting of thorough sterilization by boiling, and no solution can be considered above suspicion unless it has been boiled, then are we justified in using the method to the exclusion of a general anesthetic? It is the opinion of the writer that a test must be made in a large number of cases before such can be ever conclusive. At best it would seem to be a method of considerable value in a certain class of cases previously pointed out, and not in any way liable to furnish us a safer means of anesthesia than those already at our command; it is to be hoped that some other means of producing an analgesia by injection into the arachnoid space may be found which has none of the unpleasant effects of cocaine; for in the cases seen by the writer, there was nausea in from twelve to fourteen minutes after the injection was made, and evidence of shock following the operation.

A solution of carbolic acid, which would admit of sterilization and have none of the uncertain effects of a synthetic preparation such as eucaine, might be found to produce a sufficient anesthesia and less toxic effect than cocaine.

THE DANGERS OF VENEREAL DISEASES.*

A WARNING TO MEDICAL STUDENTS AND OTHERS.

BY RALPH WILLIAMS, M.D., LOS ANGELES, CAL.

Gonorrhea has probably existed almost from the beginning of the human race, and blenorrhagic discharges are plainly mentioned by the ancient Jewish writers upon the laws of health, as found in the Book of Leviticus, in the Old Testament.

Chinese medical writings of many centuries ago mention a disease resembling syphilis, but its symptoms are so intermingled with those of leprosy that differentiation is almost impossible; they, however, used mercury in its treatment.

*Lecture delivered to the students at the College of Medicine Univ. of Southern California, Oct., 1900.

The discovery of prehistoric human bones upon which exostoses had formed, similar to those now caused by syphilis, both in Europe and America, have led men to believe that syphilis is a very ancient disease, even in our own country.

Syphilis practically made its appearance in Europe as an epidemic about the time Columbus returned from his discovery of America, or, to be more exact, in December, 1494. About this time, or a little later, Charles VIII. King of France, declared war upon Naples, and some 10,000 troops were sent to take that city. Armies in those days were practically unrestrained in their licentiousness, and there began an epidemic of syphilis which was spread throughout all classes of society and all parts of Europe when these men returned to their homes.

At that time the French called the apparently new disease the "Italian Disease," the Italians swore the French army had brought it to them and called it the "French Disease" and to prevent personal quarrels when together they called it the "American Disease," or the name of any other nationality.

The name syphilis, by which the disease is generally known, was taken from a poem by Hieronymous Fracastorius, written in 1521, in which the hero was a poor swineherd called Syphilis, who was afflicted by the god Apollo with a mysterious and terrible disease, for having given divine honors to the king.

Local venereal ulcerations of the genital region, or chancroids, as they are now called, with gonorrhea and the true chancre, have been until so recently regarded as a cause or a variety of syphilis that even so late a writer as John Hunter, of England, in the latter part of the eighteenth century, had advanced only so as to accurately describe a true chancre which would be followed by general

syphilis, and to which to this day the name Hunterian chancre is applied.

Paracelsus in 1526 studied and wrote of the symptoms and evolutions of syphilis. He was followed by Della Croce and Ambroise Pare, later the distinguished Astruc and Van Sweiten systematized the use of mercury in the treatment of the disease, and still later Boerhaave detailed clinical pictures of the scourge.

It is only about ten years since the death of the man to whom we all owe so much, who was the first to understand and to teach of the divisions of this disease into the so-called primary, secondary and tertiary stages, which, while not constant and wholly scientific, yet serve to simplify and render a better understanding of the nature and tendency of the malady. I refer to the late eminent father of syphilography, M. Ricord, of Paris.

The differentiation of chancroids and mixed chancres from the true initial lesion of syphilis is due to Ricord's pupil, Bassereau, and to Rollet.

Since then many men have distinguished themselves in syphilography, notably Fournier of France, Jonathan Hutchinson of England, Keyes, Bumstead, Morrow, Piffard and others of America.

The foregoing, while very interesting to the student of venereal diseases, hardly conveys the warning and knowledge that your chief of clinics desired me to impress upon you. So we will proceed to learn the dangers of wandering from the path of moral rectitude and that "He who worships at the shrine of Venus must often do penance at the throne of Mercury."

The evil effects of contracting syphilis at the present day are not, as a rule, as great as is generally supposed, for even when untreated the disease does not tend to cause such horrible deformities as in the olden times, and the treatment at present seems well adapted to controlling its ravages; yet

in some cases syphilis is as virulent as it ever was, and may resist even the best of care and attention. Do not suppose that by the above I mean to make light of the disease, but to prevent the great mental despondency of mind in those who contract it, and who thus render their condition more difficult to handle than would otherwise be the case.

You must remember that the great majority of cases of venereal diseases are diseases of your own seeking; hence before you elect to take the chances of an exposure, consider well that the primary chancre is a dirty and disgusting ulcer, and that its scar may permanently deform; that the secondary rashes are often of such a nature that he who runs may read the sign of your affliction, and that the peculiar moth-eaten appearance of your hair may cause you much embarrassment and disgrace, and, moreover, many years after you have perhaps forgotten all this there may appear dangerous and mutilating destruction of tissue anywhere on or in the body, with loss of the nasal arch, perforation of the palate, ulcerations of the skull and other osseous structures, infiltrative and degenerative changes in internal organs, and arterio- and spinal-scleroses may end in death from paralysis, apoplexy, or gumma of the brain.

Remember, also, that syphilis is capable of being transmitted not only to your friends and relatives, but to your wife and children, and that you should not marry until (the very earliest time) two years after the chancre, and not then, if there has been any secondary symptoms, for at least six months previous, and that all this time you should have been under treatment.

Do not forget, both in your dealings with patients and in your own habits, that syphilis can be acquired not only through sexual embraces, but also absolutely innocently, by such means as

infected dental instruments, vaginal examinations, surgical operations, for even the blood in secondary stages is contagious; smoking other people's pipes, the use of knives and forks, and in hundreds of other ways.

A man may think himself clear of the disease, yet may have a small mucous patch upon his lip, and by kissing convey to his wife, sweetheart or baby the disease, which will manifest itself first as a chancre upon their lips, or an infant suffering from buccal hereditary forms of syphilis might be put to nurse with a healthy and virtuous woman, and she would be almost sure to have a chancre develop upon her breast; but, by a strange law of nature a woman, never having had any signs of syphilis, may bear a syphilitic child, nurse him and remain free from the disease. This is known as Colles' law, and probably depends upon the action of some antitoxine generated in her during the period of gestation.

The primary effects of a simple, uncomplicated case of gonorrhea are not to be feared, but so few cases can be so classed that a gonorrhea may well rival syphilis in its ultimate results, and not infrequently quite excels its rival in the mortuary statistics, although the word gonorrhea does not appear upon the death certificate. The dangers arising from "the clap" are chiefly those of its complications and their sequellae. The pain and mental distress of posterior urethritis, seminal vesiculitis and prostatitis more than a thousand times overbalance any pleasure that may have been experienced while contracting the original disease, and often the excruciating agony of an acute epididymitis will make you remember the attack for many years, the rheumatism that not infrequently follows a specific urethritis may leave you a cripple for life, and gonorrheal endocarditis may cut short your young and perhaps famous career.

To the average man, especially if he

remains poor and ignorant of his dangers, the greatest ultimate evil resulting from a gonorrhea is directly traceable to the stricture, and its neglect, which so frequently follows. The steps which lead to this, and often beyond to severe illness and sometimes death, are as follows:

Beginning at that point where the gonorrheal inflammation remained localized longest, there forms at first an abrasion of the epithelial lining of the urethra; nature, in endeavoring to repair this, overdoes the work, and the result is a small bunch of granulations: these, as small as they are, serve to arrest a drop or more of urine, which between micturitions undergoes decomposition, and small crystals of the various urinary salts are deposited behind the obstruction. These little particles are irritating and thus more granulations form. This process continues until, in course of time, after many years, but sometimes in a few months, this new tissue becomes organized and begins to contract like all newly formed connective tissue, thus producing a partial or complete obstruction to the outflow of the urine.

When, in the course of the previous events, it becomes necessary for the bladder to exert more force to expel its contents, there begins in that organ a compensatory hypertrophy, just as the heart or any muscle does when increased work is put upon it, and the bladder is only a muscular sack. Thus, with the obstruction and the pressure the urethra becomes dilated behind the stricture, while irritations, arising from the seat of constriction, produce through the reflex centers of the spinal cord increased frequency of the desire to urinate. Now this frequency, with burning on micturition, and often accompanied by a slight mucous discharge, is the first sign to the patient that there is something wrong with his "water works."

Skilled treatment at this stage will, if followed up by regular and systematic dilation several times a year thereafter usually prevent any of the dangers that are yet to follow if the case is allowed to proceed along the lines of its natural tendency.

In the above I have shown you how the bladder thickens and becomes stronger as the result of increased work being put upon it. Now, when this work is gradually increased there must come a time when the bladder walls can grow no stronger. Even now, should the resistance to the outflow of urine remain the same, all might yet go well, at least theoretically, but it does not remain the same. The obstruction increases, frequency of urination increases, often to every few minutes; the resistance multiplies, and the overworked old bladder gives up. Its walls dilate and become weaker, the muscular layers split under the mucosa in places, leaving ridges and cul de sacs which are known as trabeculae, and its power of contraction is so little that sometimes after having cut the stricture and introduced a drainage catheter the patient cannot by a voluntary effort cause the return stream of water with which you have filled the bladder to spurt away from its end.

During all this time what has happened to the mucous membrane of the bladder? It is this: From overwork comes chronic congestion and thickening, from the inability to completely empty itself comes a pool of stagnant urine which undergoes chemical changes, causing a deposit of urinary salts which irritate the mucosa and which often cause stones to be formed and these scratch and tear and ulcerate into the bladder walls, and also, usually from somewhere, either by unclean instrumentation or from some of the

nearby strictures, or from the old gonorrhœa itself, comes the gay and festive microbe, often of many varieties, and with them pain and inflammation, and thus is formed a clinical picture seen only too often.

You may thus, through back pressure and extension of infection and inflammation, trace the dangers that may follow a gonorrhœa on up into the ureters and kidneys, with abscess and stone formation, destruction of kidney tissue, and thus increased work upon even the heart itself, and leading to the many dangers arising therefrom.

Gentlemen, this is by no means a bugbear case of cause and effect that I have cited, and you will see such results yourself in our genito-urinary

clinics this winter. Keep your eyes open and think of what you see and what you hear, and when you see a dirty, pus-covered ring of ruby-like chancroids upon the prepuce and a sloughing bubo in the groin (not to speak of a possible phagedenic action of the ulcers and destruction of more or less of the penis), take warning, for this is the least dangerous of the three venereal diseases.

All of these dangers and diseases may happen to any of you, and all because you deliberately choose to "take a chance."

So I say to you, "Be virtuous!" and you smile and say to yourself that you would then be lonesome. Well then, be good; and if you won't be good, be careful!

CLIMATOLOGY OF CALIFORNIA.

NO. 2 OF A SERIES OF PAPERS BY C. G. STIVERS, M. D., LOS ANGELES, CAL., ASSISTANT EDITOR SOUTHERN CALIFORNIA PRACTITIONER.

ONLY TWO SEASONS.

As a general proposition the State has but two seasons—the wet and the dry. There is no well-defined Spring, for all phenomena of an Eastern spring occur during the early part of a rainy season, thus blending with winter, and the fall, if it refers to the falling of leaves and fruit, extends from June to the succeeding March.

Over a considerable portion of the State strawberries ripen in the open air during ten months of the year, and fresh-fruit stands on the streets, well supplied, are never closed.

There is no day in the year in which fresh rosebuds cannot be cut in a rose garden.

One very important factor making life upon the Pacific Coast pleasant is the fact that the daily range of temperature is considerable. The thermometer may range around 90 degrees

F. on a summer day, from 10 a. m. to 5 p. m., but when the sun goes down, so does the temperature, and the thermometer may go as low as 55 degrees or 60 degrees F., and frequently does, making the nights cool and refreshing sleep possible under blankets.

Passing from these general statements, which are true to a great degree of the entire State of California, let us pass to a consideration of that portion of the State lying south of Point Conception.

At this point the Coast Range turns, from the North and South course it has held from its Alaskan starting point, due east. Parallel with this coast line and from three to five miles from it, are the Santa Ynez Mountains, from 3000 to 4000 feet high. On their southern slope, facing the sea, is the valley of Santa Barbara.

The oldest settlers in Southern Cali-

fornia and those who have made it a study advise that the following routine of life, in regard to locality, is best suited to the individual whose sole outlook is for comfort and health.

If asthmatic or tuberculous or wishing to avoid dampness let him seek the dry uplands, or foothills, as they are called. Such localities as Sierra Madre, elevation 1600 feet, southern exposure, in a rich fruit country; Altadena, a few feet higher; Monrovia, Azusa,—in fact, any of the many small towns or cities extending along the southern slope of the Coast Range of mountains from Santa Barbara to San Diego, will afford ideal climatic conditions, both for tent life or ranch life.

One can spend more time out of doors in Southern California, owing to the abundance of sunshiny weather, the absence of chilling rains, frosts or snow, than in any other State in this country. This fact makes Southern California the Mecca for those whose previous hereditary tendencies or acquired conditions render necessary a life out of doors.

From November to May, then, let our health-seeker live in the foothills. On the disappearance of the winter rains in May, let him betake him to the seashore, at Santa Monica, Redondo, Long Beach, or San Diego, where the coast trades blowing strong from the sea, modify the solar heat.

Or, let him seek the cool shades of some pine-clad mountain valley, many of which are within a few hours' travel by rail of Los Angeles. Such places as Wilson's Peak, elevation 6000 feet, with camping and hotel accommodations, or Squirrel Inn, near Azusa, Bear Valley, near San Bernardino, elevation 5,200 feet, or in the San Jacinto Mountains.

At Idyllwild, elevation 5250 feet, the California Health Resort Company is building a thoroughly modern sanatorium, surrounded by grand pines, firs

and cedars. The grounds are ample and traversed by several mountain streams containing trout. Deer-hunting, quail and dove shooting are means of sport, while the adjacent mountain peaks of San Jacinto, 12,000 feet, and Tauquitz, 9000 feet, give ample opportunity for climbing.

The temperature of any region is largely dependent on the heat brought to it by winds. When the prevailing winds come from the sea, as in Southern California, their temperature is modified by the influence of the ocean currents, warm or cold, over which they traveled. The prevailing wind in Southern California is an on-shore, southwest wind, and it blows across the great Japan current, cooled to an average temperature south of Point Conception of 65 degrees F. by its long sojourn in Arctic regions of the Alaskan and Siberian peninsulas.

So much for the cooling influence which is especially useful in modifying the summer heat.

In the winter season the wind brings also with it a great deal of moisture from the tropics, which is condensed on striking the Coast Range of mountains, thereby liberating its latent heat, which, passing into the atmospheric air, warms it. Here we have another reason why Southern California winters are not cold.

Another reason is the great abundance of sunshiny days. Records of the United States Weather Bureau give the relative number of cloudy days per year, for:

CLOUDY DAYS PER YEAR.

New York City.....	119
Salt Lake City.....	88
San Francisco.....	79
Florida.....	51
Los Angeles.....	51
Yuma	14

It has been stated that the diurnal variation of temperature in Southern California is considerable. The days are warm and dry, the nights cool. Remembering that the coast zone of Southern California is narrow, and

that it is a seashore zone, the following explanation is obvious, that the denser air at the seashore absorbs more heat than the rarer air of the elevated Coast Range of mountains (from 10 to 100 miles wide, and 3000 to 6000 feet high).

The heat of the sun, falling on the mountains, is more freely radiated into space, and hence the air is less expanded than over the adjacent plains.

During the day, since the air over the plains, valleys and foothills of Southern California expands upwards

about thirteen feet for every degree F., the temperature of the entire mass of air up to 6000 feet rises. The mountain cannot expand, so the air over it remains sensibly stationary. In consequence a downflow of air takes place toward the mountain. At night, when the mountain, which is a good radiator, cools down rapidly and chills the air which lies on it, this air, by reason of its increased density, slides down the mountain side, and cools off its slopes, together with all the country it passes over.

FEAR AND DEATH.

BY R. R. BOWKER.

(An Arab Legend.)

The Spirit of the Plague entered the gate.

One, watching, asked, "How many wilt thou slay?"

"A thousand," spake the Spirit, "is my quest."

The Plague made end. The Spirit left the gate.

The watcher cried, "Ten thousand didst thou slay."

"Nay, one," the Spirit said; "Fear killed the rest."



SOUTHERN CALIFORNIA PRACTITIONER

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Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The twenty-sixth regular semi-annual meeting was held at the parlors of the Hotel Westminster, Los Angeles, Cal., on December 5 and 6, 1900.

The committee of arrangements provided a very interesting and instructive programme, which was carried out almost to the letter. The papers were not so numerous as at previous meetings, but they showed much original work.

The discussions were made an especial feature and this brought out much original thought and interchange of ideas.

On Wednesday, at 9:30 a. m., the President, Dr. Fred Baker, of San Diego, called the meeting to order. Then followed reading of minutes of previous meeting, report of officers, ap-

pointment of committees, and the announcement by the chairman of the committee of arrangements. The following list of papers was presented and fully discussed:

Dr. W. H. Roberts, Chairman, Pasadena, Is Retinoscopy a Practical Method of Correctly Measuring Errors of Refraction? Discussion opened by Dr. T. J. McCoy, Los Angeles. Dr. George J. Lund, Los Angeles, Refractive Errors in their Medical Relations. Discussion opened by Dr. R. W. Miller, Los Angeles. Dr. H. Bert Ellis, Los Angeles, The Use of the Ophthalmometer in Refraction. Discussion opened by Dr. William S. Fowler, Ventura.

Dr. W. D. Babcock, Chairman, Los Angeles, Adenoids, Their Diagnosis and Treatment by the General Practitioner. Dr. W. D. Bolton, Pasadena, Inflation in Acute Middle Ear Troubles. Discussion opened by Dr. H. Bert Ellis, Los Angeles.

2:00 P. M.

Dr. George B. Rowell, Chairman, San Bernardino, Treatment of Uterine Fibroids.

Dr. F. R. Burnham, San Diego, The Grand Climacteric. Dr. Walter Lindley, Los Angeles, Oophorectomy and Hysterectomy for Epilepsy. Dr. J. A. Champion, Colton, Some Points on the Use of Electricity in Gynecology.

Dr. C. S. Stoddard, Chairman, Santa Barbara, A Few Practical Hints. Obstetrical. Dr. Marie B. Werner, Los Angeles, Laceration of the Cervix and Perineum, How Avoided and How Treated. Dr. Anne W. Nixon, Los Angeles, Disorders of Pregnancy.

Dr. Kate Wilde, Chairman, Los Angeles, Percentage Artificial Feeding. Dr. E. A. Follansbee, Los Angeles, Care of the Young Infant.

THURSDAY, DEC. 6th.

8:00 A. M.

At the County Hospital. Eye Clinic, Dr. H. Bert. Ellis, Los Angeles. Surgical Clinic, Dr. E. A. Bryant, Los Angeles. Clinic, The Bottini Operation, Dr. Granville MacGowan, Los Angeles.

10:00 A. M. AT HOTEL WESTMINSTER.

Dr. Frank Garcelon, Chairman, Pomona, Membranous Enteritis. Dr. F. W. Thomas, Claremont, Treatment of Pneumonia. Dr. C. C. Browning, Highlands, Original Investigations on Spider Bites.

Dr. Merritt Hitt, Chairman, Los Angeles, Pilocarpin. Dr. F. Gundrum, Riverside, The Nutrient and Therapeutic Properties of Flaxseed.

Dr. J. H. McBride, Chairman, Pasadena, The Recent Investigations of Dr. F. W. Mott on Brain Syphilis and Paretic Dementia.

2:00 P. M.

Dr. George W. Lasher, Chairman, Los Angeles, Surgical Treatment of Wry Neck. Dr. H. B. Stehman, Pasadena, Conservatism in Pelvic Surgery. Dr. Joseph Kurtz, Los Angeles, Treatment of Club Foot.

Dr. F. C. Shurtleff, Chairman, Los Angeles. Dr. Granville MacGowan, Los Angeles, Report of Two Cases of Destructive X-Ray Burns with the Treatment Thereof. Discussion opened by Dr. George W. Lasher. Dr. Stanley P. Black, Pasadena, Micro-Pathological Report of X-Ray Burns. Dr. Robert V. Day, Los Angeles, Gonorrhea in the Female, and the Effect of Certain Internal Remedies upon the Genito-Urinary Tract.

The visitors were taken for a trolley ride through the city parks at 9

o'clock on Thursday morning. A very pleasant feature was the Orpheum Theatre party, given to the visiting members and their ladies, on Wednesday evening. The attendance was large and everybody had a good time.

San Diego was selected as the next place of meeting, and the next semi-annual meeting will be held in June.

The papers and discussions will be fully published in the 'Practitioner.'

S.

ECHOES OF THE MEETING.

The Ice and Cold Storage Company of Los Angeles kept the doctors from suffering from thirst by serving their "Puritas" beverages to all free of charge. A charming young lady dispensed the cooling drinks.

Dr. Gundrum's flaxseed emulsion caused much praise and discussion.

Dr. C. C. Browning's paper on "Spider Bites" was one of the most original ever presented to the society. He was eighteen years studying on this subject, and has captured, trained and observed many hundreds of spiders in his office during that time, keeping them alive for months.

Mine Host Johnson made everybody feel at home.

The bald-head row at the Orpheum party was well filled.

Dr. M. F. Price, the first member of the society, was present. Although not young in years, he still takes an active interest in the society.

Dr. MacGowan kindly allowed the society to see one of his X-ray burn patients.

Dr. Joseph Kurtz showed a patient illustrating the method of treating

club foot, spoken of in his paper.

The discussion on electro-therapeutics provoked wide interest and discussion.

S.

couraging clients to embark in such suits.

L.

"NOISELESS MILK."

The medical profession have been for decades suffering from a great injustice through blackmailing suits for alleged malpractice. Thousands of dollars have been paid to attorneys, and sometimes to satisfy ill-considered verdicts from courts, physicians who have worked for years to accumulate a fair competence for their families have seen all disappear through a nefarious suit for malpractice. Many physicians have believed it unsafe to carry property in their own names, and have put their accumulations under the name of some other member of the family. In the last few months there has been a great awakening on this subject, and as a result the subject of medical defense unions is being agitated throughout the United States. In Indianapolis a national body of this kind has been formed; in Minnesota and in Michigan, State unions have been established. The annual dues in the Minnesota union have been fixed at \$5, the applicant also agreeing to contribute up to \$10 more in case of emergency calls. We commend this movement to the profession generally. It will have a two-fold effect. First, to protect the physician who is sued; and, second, and it seems to us most important, when the people see that the profession is thoroughly organized for self-defense it will deter irresponsible legal "shysters" from en-

A dairyman whose dairy was near Indianapolis was taken sick and went to the Hoosier capital for treatment, and, while there, lying in bed convalescing, he was greatly annoyed by being awakened at an unearthly hour each morning by the man delivering milk. This caused him to improve his convalescent hours by developing a scheme to furnish noiseless milk. As soon as he got well he had all of his milkmen shod with rubber-heeled and rubber-soled shoes, and rubber tires put on all of his wagons. He presented each one of his customers with a rubber mat upon which to set the milk can by the door, so that there was no noise from that, and he had his horses all shod with rubber shoes, and then began to exploit his noiseless milk. The result has been immense. His business has quadrupled and his noiseless milk has gained great popularity. There is a lesson in the above instance that I believe will be of great benefit. Let us all endeavor to reduce the noises of our cities. The rubber tired vehicles have reduced greatly the noise on our streets. Many people are learning the personal advantage of wearing rubber-heeled shoes; this is materially lessening the street din. One physician in Los Angeles told us that his buggy with the rubber tires would last four times as long as one with metal tires. We do not doubt this, and on the same principle we believe that the man or woman who

wears rubber-heeled shoes will be protected and life will be prolonged, as is the life of the buggy with the rubber tires. The cement and stone walks of our city are not the walks that nature made for us. They are hard and unyielding and every step is a shock to the human system, but with the rubber heels this unnatural inelasticity of the city sidewalk is counterbalanced and the person steps lightly and briskly along, feeling that it is a real joy to be alive. We believe that there is nothing more important for the American people than to overcome their general nervous condition, and the use of rubber heels is an important step in that direction.

L.

CLIMATOLOGY OF CALIFORNIA.

In the November number began the series of articles on the climatology of California. It is hoped that they will prove instructive to many who are at a distance, and who want the truth. Exaggeration will not be a feature of these articles. The firm belief is here expressed that those who read them will be better able to judge of the merits of this climate and of its peculiar fitness for various maladies, if the plain truth is told. The next article will deal with the more intimate features connected with the climate of Southern California. Arizona and New Mexico will be treated in turn. If anyone wishes to obtain more detailed particulars as to the advisability of sending any particular case, a letter addressed to the "Exchange Editor" will bring a reply.

S.

PASADENA MEDICAL SOCIETY.

At the November meeting of the society, the attendance was large and the report of two cases of leukemia by Dr. Stanley Black was listened to with much interest. Specimens of leukemic blood were shown under the microscope.

The discussion was spirited.

ORANGE COUNTY MEDICAL ASSOCIATION.

Held its regular monthly meeting in Santa Ana, Tuesday evening, November 13th, in the office of Dr. C. D. Ball. Two new members were elected, viz., John A. Tyler, M. D., of Garden Grove, and Andrew Bennie, M. D., of Santa Ana. Dr. Ball read a short paper on epilepsy. This was followed by a general discussion, in which much clinical interest was brought out. The number of cases of epilepsy reported as under the care of various members was something remarkable, and show a prevalence of this malady which is a surprise even to physicians.

The next meeting of the society will be held in Dr. Boyd's office on the first Tuesday in December.

Reported by Dr. John L. Dryer.

The Practitioner for October, November and December, 1900, will be sent free to any new subscriber for 1901, who will order before Dec. 1st.

Hustling solicitors to get subscribers for the Southern California Practitioner. Medical students in college towns have here an opportunity to help pay for their course. Big commissions; exclusive territory.

Medical practices bought, sold and exchanged. Address Business Manager, 1414 So. Hope street, Los Angeles, Cal.

BOOK REVIEWS.

A TEXT BOOK OF THE DISEASES OF WOMEN.—By Henry J. Garrigues, A. M., M. D., Gynecologist to St. Mark's Hospital in New City; Gynecologist to the German Dispensary in the City of New York; Consulting Obstetrical Surgeon to the New York Maternity Hospital; Consulting Physician to the New York Mothers' Home and Maternity Hospital; ex-President of the German Medical Society of New York; Fellow of the American Gynecological Society; Fellow of the New York Academy of Medicine; Member of the Society for Medical Progress, of the Eastern Medical Society, of the County Medical Society, etc. Third revised and enlarged edition. With 367 illustrations. With 756 pages. Price, \$4.50 net, cloth; \$5.50 sheep. Published by W. B. Saunders & Company, Philadelphia, 1900.

The usefulness of Dr. Garrigues' text book on diseases of women has been fully demonstrated by the appearance of the new third edition. The systematic method in which the author deals with his subject shows it will be of great value to students, specialists and general practitioners. The thorough manner in which he treats the anatomy of the parts is of great value to the operative work of the gynecologist. The plan of the work is as follows:

GENERAL DIVISION.

Part I—Development of the female genitals. Part II—Anatomy of the female pelvic organs. Part III—Physiology. Part IV—Etiology in general. Part V—Examination in general. Part VI—Treatment in general. Part VII—Abnormal menstruation, and metrorrhagia. Part VIII—Leucorrhea.

SPECIAL DIVISION.

Part I—Diseases of the vulva. Part II—Diseases of the perineum. Part III—Diseases of the vagina. Part IV—Diseases of the uterus. Part V—Diseases of the fallopian tubes. Part VI—Diseases of the ovaries. Part VII—Diseases of the pelvis.

APPENDIX.

Part I—Sterility. Part II—Lack of orgasm. Part III—Intestinal surgery.

The chapter on electricity has been thoroughly revised, and is of great

value in showing that we may expect great things from this agent, of which much is yet to be learned.

The new edition is compact and at the same time complete, in setting forth the principles of so important a subject.

SAUNDERS' QUESTION COMPENDS—“ESSENTIALS OF HISTOLOGY.”—By Louis Leroy, B. S., M. D., Professor of Histology and Pathology in Vanderbilt University, Medical and Dental Departments; City Bacteriologist to Nashville, Tenn.; Bacteriologist to the State of Tennessee etc. Arranged with questions following each chapter; 72 illustrations. Philadelphia, W. B. Saunders & Company. London, 161 Strand, W. C. 1900. Price, \$1.00.

This compend, which will doubtless find, like other compends, the greatest number of friends among students, is nevertheless a most useful book to physicians who have graduated several years since, when colleges gave less attention to histology than at present. To such men a careful study of this little work will enable them to read pathology of the present day understandingly. It is a very useful and reliable little work.

A MANUAL OF SYPHILIS AND THE VENEREAL DISEASES.—By James Nevins Hyde, A. M., M. D., Professor of Skin, Genito-Urinary, and Venereal Diseases, Rush Medical College, Chicago; Dermatologist to the Presbyterian, Michael Reese, and Augustana Hospitals, of Chicago; Consulting Dermatologist to the Chicago Hospital for Women and Children and to the Chicago Orphan Asylum, and Frank Hugh Montgomery, M. D., Associate Professor of Skin, Genito-Urinary and Venereal Diseases, Chicago Clinical School; Dermatologist to St. Elizabeth's Hospital, Chicago. Second edition, revised and enlarged, with 53 illustrations in the text, and 19 full-page lithographic plates. Price, \$4.00 net. Philadelphia, W. B. Saunders & Company, 1900.

This brilliantly illustrated volume comes to us fresh from the pen of its able authors—while it is called a second edition, yet it is a new work, having been entirely rewritten and in all respects brought down to date. The

authors speak of the great importance of a systematic method of examination and a careful investigation as to the habits of their patients, both as to alcohol and tobacco, and also in examining a married man to discover the record in regard to living and dead children, miscarriages and abortions on the part of the wife, and the relative order of these. They say, lastly, the physician entrusted with an intimate knowledge of the sources of diseases that are viewed with shame, loathing and remorse often imperiling the life of the individual and safety of the uninfected and the happiness of a home, has a part to perform which demands a high order of intelligence and sympathy. In speaking of gonorrhea in women, the authors very wisely remark the treatment of gonorrheal inflammation of the uterus and its appendages should be left to the skilled gynecologist.

THE PATHOLOGY AND TREATMENT OF GENITO-URINARY AND VENEREAL DISEASES AND SYPHILIS.—By Robert W. Taylor, A. M., M. D., Clinical Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. New (Second) Edition. In one very handsome octavo volume of seven hundred and twenty pages, with one hundred and thirty-five engravings and twenty-seven full-page plates in colors and monotone. Philadelphia and New York; Lea Brothers & Co., Publishers. Price, cloth, \$5.00; leather, \$6.00.

Here is a valuable up-to-date work. The author enters exhaustively and practically into the treatment of gonorrhea. He says the idea that gonorrhea usually limits itself to the anterior urethra is fallacious. As a rule in at least 80 or 90 per cent. of cases the disease spreads through the entire length of the urethra. He says the most important local treatment in the acute stage is the immersion of the penis in a very hot solution of boric acid for fully fifteen minutes, three times a day, by which means the pain and soreness are relieved and the red-

ness and swelling reduced. In cases of persistent chordee he recommends:

R Liq. morph. magend., 2 drachms.
Cocain muriat, 6 grains.
Aqua, 2 ounces.

Of this, one or two drachms may be carefully and slowly thrown into the urethra by means of a medicine dropper, and there retained for fully five minutes just before retiring. The book throughout is a safe guide for practical work.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS.—A manual for the use of Physicians, Surgeons, and Students. By Charles W. Purdy, LL. D., M. D., Queen's University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes—Its Causes, Symptoms and Treatment." Fifth revised and enlarged edition. With numerous illustrations, including photo-engravings, colored plates, and tables for estimating total solids from specific gravity, chlorides, phosphates, sulphates, albumin, reaction of proteids, sugar, etc., etc., in urine. 6x9 inches. Pages xvi-406. Extra cloth, \$3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

The value of Prof. Purdy's last work on Urinalysis has been demonstrated by the appearance of the fifth edition inside of six years. In this last, the fifth edition, the author has so remodeled and rebuilt the subject matter, tables, colored plates and photo-engravings as to bring the work fully up to date.

Special mention should be made of the Purdy Centrifuge, with precipitating arm, a most satisfactory instrument, which has revolutionized methods of scientific diagnosis. For ascertaining the percentages of chlorides, sulphates, phosphates and albumin, it is accurate and rapid; also in search of bacteria the instrument is valuable.

The book is of neat and convenient style both in binding and size. It is unexcelled for its practical methods of rapid and reliable diagnosis of pathological conditions of the genito-urinary system.

NEW LICENTIATES.

At a meeting held Wednesday October 10th.
1900 the following Certificates were granted.

- 5747 Bacon, David Nelson, Pasadena, U. S. Grant University, Tennessee, March 15, 1893.
- 5748 Bolz, Charles, Petaluma, Albany Medical College, N. Y., March, 7, 1883.
- 5749 Briggs, Evelyn, Sacramento, Johns Hopkins University of Medicine, June 12, 1900.
- 5750 Carroll, William Lowther, Toronto, Ohio, Baltimore Medical College, Md., April 7th. 1894.
- 5751 Cunningham, Charles McDowell, San Francisco, Cooper Medical College, Cal., June 5, 1900.
- 5752 Deaton, Ulysses Sim Grant, Thackery, Ohio, Memphis Hospital Medical College, Tenn., March, 1894.
- 5753 Duffield, William, Phoenix, Ariz., Medical Department University of Pennsylvania, May, 10, 1893.
- 5754 Chrlick, Benj. Prashar, San Jose, Medical Department University of Pennsylvania, June 13, 1900.
- 5755 Gambatto, Carlo. Antonio, San Francisco, University of Genoa, Italy, July 28, 1883.
- 5756 Gingles, Rush A., Seattle, Wash., Louisville Medical College, Kentucky, March 2, 1893.
- 5757 Hanlon, Edward Russell, San Francisco, Cooper Medical College, Cal., August 22, 1899.
- 5758 Harvey, William P., San Francisco, Medical Department University of California, May, 15, 1900.
- 5759 Jerauld, Frederick N. C., Niagara Falls, N. Y., Medical Department University, City of New York, April 7, 1893.
- 5760 Koons, H. Haynes, Los Angeles, Medical Department University of Pennsylvania, June 9, 1897.
- 5761 Manahan, Thomas J., San Francisco, Medical Department Harvard University, Mass., June 28, 1899.
- 5762 McClelland, Sophia J., Los Bano, Coll. Phys. and Surg. S. F. Cal., July 5, 1900.
- 5763 Outlaw, John Sutton, Washington, D. C. Medical Department Howland University, Washington, D. C., May 15, 1891.
- 5764 Peck, Anna Dixon, Sacramento, Cooper Medical College, Cal., June 5, 1900.
- 5765 Rolls, James Alfred, Watrous, N. M., University of Toronto, Canada, August 10, 1895.
- 5766 Schlosser, Alfred G. R., Los Angeles, Rush Medical College, Ill., February 1, 1871.
- 5767 Standing, John Ashworth, Goshen, N. Y. Medical Department University of Denver, Colo., April 24, 1899.
- 5768 Stokes, William H., Toronto, Ohio, Columbus Medical College, Ohio, February 24, 1882.
- 5769 Straw, Edwin E., Klammath Falls, Medical Department Vanderbilt University, Tenn., March 30, 1898.
- 5770 Sweeney, George Joseph, San Francisco,

Medical Department University of California, May 15, 1900.

- 5771 Van Pelt, Gertrude Wyckoff, San Diego, Woman's Medical College, Pennsylvania, March 12, -1886.
- 5772 Wyckoff, Lydia Jane, San Francisco, Woman's Hospital Medical College, Chicago, Ill., April, 6, 1886.
- 5773 Wylie, Winifred, Phoenix, Ariz., Rush Medical College, Ill., February 21, 1877.
- 5774 Young, John P., Empire, Ohio, Baltimore, Medical College, Md., April 17, 1894.

Office Board of Examiners Medical Society
State of California, 1104 Van Ness avenue, San Francisco.

At a meeting held November 7, 1900, the following certificates were granted:

- 5775 Adams Herman G., Sacramento, Starling Medical College, Ohio, April 4, 1898.
- 5776 Adams, John Milton, Spokane, Wash., Rush Medical College, Illinois, February 21, 1882.
- 5777 Alexander, Paul Clifton, San Francisco, Cooper Medical College, California, June 5, 1900.
- 5778 Baird, Alfred Richard, Pepstone, Can., University of Manitoba, Canada, June 8, 1894.
- 5779 Bates, Mary E., Denver, Colo., Woman's Medical College, Chicago, Ill., February 25, 1882.
- 5780 Boyd, Leslie C., Los Angeles, Medical Department University Southern California, June 14, 1900.
- 5781 Chaffee, Frank, Berkeley, Medical Department University of Michigan, June 28, 1888.
- 5782 Chakijean, Henry K., San Francisco, Cleveland College Physicians and Surgeons, Ohio, March 17, 1897.
- 5783 Chenoweth, William James, Chico, Medical Department University Louisville, Ky., March 3, 1853.
- 5784 Cipelli, Savino, San Francisco, Royal University of Parma, Italy, July 24, 1872.
- 5785 Cronster, Charles Augustus, Johnsbury, Vt., Medical Department University of Vermont, June 10, 1893.
- 5786 Crawford, John, San Jose, Columbus Medical College, Ohio, March 8, 1887.
- 5787 Curdts, Carl E., Oakland, College Physicians and Surgeons, San Francisco, Cal., July 5, 1900.
- 5788 Edwards, Samuel B., Los Angeles, Medical College of Ohio, April 6, 1893.
- 5789 Farrell, Francis Albert, Redlands, Jefferson Medical College, Pa., May 2, 1893.
- 5790 Flora, G. Edward, Igo, Baltimore Medical College, Md., April 19, 1895.
- 5791 Gatchell, Willis L., Chico, Medical School of Bowdoin, Maine, July 13, 1882.
- 5792 Goodman, Charlotte E., Denver, Colo., Woman's Medical College of Pennsylvania, May 3, 1893.
- 5793 Halton, Mary Gertrude, Alameda, Cooper Medical College, Cal., June 5, 1900.

Chas. C. Wadsworth, M. D.

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DENGUE—"BREAK BONE" FEVER.
By Ben H. Brodnax, M. D., Brodnax,
La.

Dengue—"break bone" fever. There is no necessity of defining it, as its name very clearly describes it. Every bone in the body aches; with a dull, heavy feeling in almost every muscle moving in bed is pretty nearly intolerable. The head aches—the brain even seems to add to the discomfort by seeming to be loose in the head and slipping about when the head is shaken. The upper bones of the neck, where it joins the occiput, seem to crackle as the head is rotated. The eyes, when turned upward and moved from one side to the other, have a dull ache in them, and feel hot, as if scalded.

What is the cause of all this suffering? I say, torpid liver. The bile, which should have been discharged into the intestines, is carried into the circulation, and the entire nervous system is poisoned by it and by the retention of putrid matter in the intestines, the absence of bile allowing them to become impacted with feces.

The color, the fever, the pain in every part of the body is a cause for quick action. What are you going to do about it? I have read a good deal about treatment, and I treat it just the same as an aggravated malarial attack, for it is simply that and nothing more.

You will find mercury in some form the proper remedy, and full doses of calomel and podophyllin if it can be borne; if not, the gray powder, 3 to 5 grains every hour, or half hour, till it acts. It may be aided by small doses of a solution of soda sulphate commenced three or four hours after the mercury, thus: Put a tablespoonful of the salt into two-thirds of a tumbler of warm water; now give one teaspoonful every fifteen or twenty minutes, till it shows a tendency to move the bowels; then every hour for eight or ten hours. In the meantime the mercury will be commencing its work; but you will find no relief, however much it acts, until you get the black, inky actions that show you have stirred up the dregs of the trouble. For this purpose you will continue your blue powder three times a day

through the course of the disease, so as to keep the intestines clean and aseptic, and to act on the kidneys to carry off from the blood the accumulated bile. Also, you will watch these same kidneys, for the disease seems to impoverish the various blood vessels and other tubular walls, making them weak, and occasionally the strain, if quinine is used, is too much for them and hematuria results. I have had two cases of this, as well as of passive hemorrhage from the bowels and lungs.

Recently a new combination, "Salo Sedatus," a sedative salt, comes in and does the work of a giant in comforting the nerves, steadying the irritable stomach, relieving the pressure of the fever, relieving the kidneys, rendering the patient comparatively comfortable. Those who have not added this to their list of sick bed comforts will do well to read up on the subject further. It is my opinion that it is just as well to let the food part alone and let it go in drinking. Give the acid iron tonic (made by adding two ounces of dilute nitro-muriatic acid to 120 grains of sulphate of iron, mix, let it stand 24 hours to digest) in dose 10 drops diluted to taste, say in a tumbler of water, sweetened, if desired, and used freely as a drink. Now ease the pains by any means that do not set the case back in any way. The opiates do damage. The bromides are good, that of ammonium the best, aconite in small doses, say one-hundredth grain, as required; pilocarpine Salo Sedatus for its all around good qualities. Sponging with tepid water for reducing the heat and cooling the skin is desirable if fever is high.

What right has any firm, whose business is to furnish the physician with his principal weapons, to place upon the market pharmaceutical preparations of unknown medicinal value? Should we not expect—yes, demand—that the producer of fluid extracts make his products conform to some standard of excellence—that he shall indicate what effects his fluid extracts may be expected to have ere he sends them forth from his laboratory?

It has been shown that even drugs selected with care vary most extraordinarily in their percentage of active

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principles. Witness, for example, this statement by the editor of a leading pharmaceutical journal, who knows whereof he speaks:

Bulletin of Pharmacy, January, 1899.

"Professor Puckner assayed nineteen samples of belladonna leaves procured, mind you, from dealers who were told that only the best was wanted, and that purchase would depend upon the results of assay. He found these nineteen samples to range in alkaloidal content from .01 to .51 per cent! The strongest sample fifty-one times as strong as the weakest."

The most careful treatment of such drugs, with the choicest menstrea, and by the most approved processes, will yield preparations that may be fair to look upon, but in medicinal value they will vary just as much as the crude drugs from which they are made. The compensatory remedy for this unfortunate condition is standardization—chemical standardization when practical, and when that method is inadmissible, as it often is, physiological standardization. It has been found that certain important drugs cannot be assayed chemically, as their medicinal virtues reside in unstable bodies, and these are readily decomposed in the analytical processes. For this reason the strength of such powerful and useful drugs as digitalis, aconite, convallaria, strophanthus, ergot, cannabis Indica and many others cannot be determined satisfactorily by the analytical chemist. However, the problem which proved to be an insurmountable difficulty to the chemist was solved by the pharmacologist with ease. He tests upon living animals all drugs that cannot be assayed chemically. Dogs, rabbits, fowls and guinea pigs receive doses of the preparations under examination. Accurate observations of their physiologic effects are made, variations are noted and corrected, until the preparations correspond in medicinal strength with the adopted standard extracts.

Formerly the physician was obliged to make his own physiologic tests of ergot, digitalis and so on; not upon dogs and guinea pigs, however, but upon his patients. The old way was to begin with small doses of powerful drugs and then to push them until the desired effect was produced. The new way is a much better one—it is safer for the patient, more satisfactory to

the physician, and it is more scientific. Prompt results are assured, for the physician knows just how much fluid extract of ergot, aconite or cannabis Indica he need include in his initial dose to secure a definite result.

The name of the greatest pharmaceutical manufacturing house in this country is so closely linked with the phrase, "drug standardization," that the mere mention of one suggests the other. Parke, Davis & Co. began years ago to manufacture a full line of standardized fluid extracts that are guaranteed to be of definite and uniform strength. More recently they devised and perfected methods for standardizing physiologically those important drugs that are incapable of analysis by chemical processes. Parke, Davis & Co. have done a great deal for the medical profession and for humanity, and standardization, more especially physiological standardization, is one of their greatest achievements.

CONSUMPTION.

Phthisis or Tuberculosis of the Lungs.

Boards of health in all parts of the country agree that consumption is an infectious and communicable disease, and that every tubercular person is a source of danger. It is the most prevalent disease of civilized life, and causes over 100,000 deaths yearly in the United States alone.

The disease is transmitted from the sick to the well usually by means of the dried and pulverized sputum floating as dust in the air, and it is estimated that at least one-seventh of the persons who die from phthisis acquired it from breathing the air so tainted. This being the case, it can in a great measure be restricted by the use of a proper disinfectant.

The floor, woodwork and furniture of the consumptive's room should be wiped with a cloth moistened with a mixture of one part of Platt's Chlorides to ten of water. If carpeted, the floor should be well sprinkled with this dilution before sweeping. The cuspidor should be washed out daily with boiling water and a mixture of one part Platt's Chlorides and four of water kept constantly in it to receive the sputum. The patient's clothing should be kept by itself, and thoroughly boiled when washed. It need hardly

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be said that the room should be ventilated as thoroughly as is consistent with the maintenance of a proper temperature.

A duster, particularly that potent distributor of germs, the feather duster, should never be used in the room habitually occupied by a consumptive.

C. F. Ulrich, A. M., M. D., Wheeling, West Va., President Board of Education. Mem. Amer. Public Health Association, writing on domestic sanitation, says:

"I have been using Platt's Chlorides for a number of years, and find the preparation very efficient in the sick room, as it assists greatly in purifying the atmosphere, taking away unwholesome odors, differing greatly from many antiseptic solutions in not disseminating an unpleasant smell of itself. It is very useful in some unhealthy conditions of the mouth and throat."

A FEW SUGGESTIONS ON THE FEEDING OF INFANTS.

That the matter of artificial feeding of infants is second to none in importance, no one will deny. Statistics which show that the population of various sections of the world is stationary have been attributed to defective feeding of the little ones by artificial foods. When a mother will not or cannot nurse her own child, it is not only a question of life and death for the little one depending upon its food, but it is also a graver question for the community in which the child is to grow up. It is better a child should die than to grow up a charge and a danger to that community.

It was almost an established fact until recently that a food that would do for a child at one age was not always suitable for another. It is highly essential to have foods so varied in composition as to be suitable to the different stages of development of a child's digestive organs. That it will be of interest to my colleagues to know that such a food can be had and that it may be readily prepared, I doubt not. The following cases will briefly substantiate the value of bovine:

Case I—John H—, six weeks old, refused to nourish at the breast, was irritable and restless, with every indication that proper nutrition was not

taking place. His bowels were constipated and he was beginning to lose flesh. He was put upon Pasteurized milk, to which a teaspoonful of bovine was added at each feeding of six ounces. He took this with a great relish by bottle, and in six days a decided change was noticeable. He seemed to be satisfied and became amiable. His bowels were regular; he slept well, did not cry and gained in weight and color.

Case II—Jenny P—, seven months old, a weak, poorly-developed child, could not sit up and took no interest in surroundings; weight about nine pounds; had no appetite, and when she did feed, took it mechanically. She had been using various Pasteurized foods and milk. In fact, her condition was such that I was very dubious as to her living. I, however, decided to put her on Pasteurized milk and bovine, which was ordered given in the proportion of a teaspoonful and a half to seven ounces of Pasteurized milk. At the end of three days a change in her condition was most gratifying. She seemed to be hardier, and took more interest in things shown to her. From this time on her improvement was uninterrupted. At present, just four months after the beginning of this, she has five teeth, is bright, laughs and plays with her little brothers, and cries when hungry; sleep is uninterrupted, and her functions regular. Also, her weight is considerably increased.

Case III—Carrie F—, fourteen weeks-old, full term child; had been nursed from the first on prepared foods, but showed every evidence of malnutrition. She had nightly attacks of colic, and her bowels were constipated. After feeding she would vomit the food. Her appetite was good, but the food did not seem to satisfy her. She was put on bovine and Pasteurized milk, a drachm of bovine to six ounces. She showed decided improvement from the first. After each nursing she seemed to be satisfied, would sleep considerably through the day, and five or six hours through the night; bowels became regular and soft; the attacks of vomiting and colic had ceased, and when she was discharged a week ago, had gained five pounds in weight.

